

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -7 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000104885

1. Corporation Name

Americar Global Logistics, Inc

2. Principal Office Address - No P.O. Box #
6931 NW 87 Ave

3. Mailing Office Address
13778 SW 144 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL33178

City & State

Miami, FL 33018

Zip

33178

Country

United States

Zip

33018

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/2002

5. FEI Number
223876466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name
Michael Archer

Street Address (P.O. Box Number is Not Acceptable)
13778 SW 144 Terrace

Suite, Apt. #, Etc.

City
Miami, FL 33018

State
FL

Zip Code
33018

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 04.03.2009.

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael Archer	13778 SW 144 Terrace	Miami, FL 33018
v	Richard Haynes	1301 NW 196 Terrace	Miami, FL 33169
s	Deborah Archer	13778 SW 144 Terrace	Miami, FL 33018
	<i>[Signature]</i>		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04.03.2009

Daytime Phone #