

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000120348

1. Corporation Name

ACL LOGISTICS AND TECH, INC.

2. Principal Office Address
11740 SW 107 LN.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
33186-3970 USA

3. Mailing Office Address
11740 SW 107 LN.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
33186-3970 USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida** NOVEMBER 12, 2002

5. FEI Number 16-1638621
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name.

ALFREDO CLAVIJO

Street Address (P.O. Box Number is Not Acceptable)

11740 SW 107 LN

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33186-3970

400029811794
03/03/04--01046--004 **300.00

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

Alfredo Clavijo
REGISTERED AGENT MUST SIGN

Date 2/26/04

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
D	CLAVIJO, NORA	11740 SW 107 LN	MIAMI, F. 33186

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 under section 119.07(3)(i), 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:

Nora L. Clavijo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04
Date

(305) 788-3469
Daytime Phone #

CR2E081 (01/04)

ACL LOGISTICS & TECH, INC.

February 26, 2004

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE, FL. 32314-6327

Ref: ACL LOGISTICS & TECH, INC. - P02000120348

Dear Sirs:

Attached please find a CORPORATION REINSTATEMENT for complete for the above Reference Corporation.

We have to state that we never receive the Uniform Business Report form for 2003. Please accept this letter as a reinstatement waiver request; we are included a check No. 433 for \$300.00.

Your prompt attention to this matter will be highly appreciated. You can contact me at any time.

Sincerely,



Nora L. Clavijo
Director

Aclogistics@bellsouth.net