PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 18 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000132850

1. Corporation Name
James Mulvey Transportation & Logistics, Inc.

REINSTATEMENT 04-05

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
6371 Collins Rd	6371 Collins Rd.
Suite, Apt. #, etc. Apt. 408	Suite, Apt. #, etc. Apt 408
City & State Jacksonville, Fl.	City & State Jacksonville, Fl.
Zip 32244 County United States	Zip 32244 Country United States

4. Date Incorporated or Qualified To Do Business in Florida: Jan 2, 2003

5. FEI Number: 38-3574321 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: James Mulvey
Street Address (P.O. Box Number is Not Acceptable): 6371 Collins Road.
Suite, Apt. #, Etc.: Apt 408
City: Jacksonville | State: FL | Zip Code: 32244

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: James Mulvey — Date: 11-18-05
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	James Mulvey	6371 Collins Rd #408	Jacksonville, Fl. 32244

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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: James Mulvey — 11-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #