

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 19 PM 1:01

DOCUMENT # P03000031006

1. Corporation Name

FOOTHILLS LOGISTICS, INC

2. Principal Office Address - No P.O. Box #

579 HOLMES AVE

Suite, Apt. #, etc.

3. Mailing Office Address

130 B JOHNS RD

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

City & State

GREER, SC

Zip

33852

Country

USA

Zip

29650

Country

USA

300177733643

04/26/10--01067--019 **8.75

300177733643

04/26/10--01067--018 **750.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified

To Do Business in Florida 03/13/03

5. FEI Number

383676674

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

DORYS PITTMAN

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

579 HOLMES AVE

Suite, Apt. #, Etc.

City

LAKE PLACID

State

FL

Zip Code

33852

☐ 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.

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

Date

4/14/10

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	JANINE ANTONIO	393 FOX BRIAR RD	COLUMBUS, NC 28722

10. E-mail Address: JANTONIO@AITWORLDWIDE.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/10

Daytime Phone #

864-804133