2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						FILED		
DOCUMENT # P03000073188						English Bank	o 02	
1. Entity Name A & C LO	GISTIC INC.				0	4 DEC 22 AM	9: 32	
						ECRETARY OF LLAHASSLES F	STATE COMBA	
Principal Place		Mailing Address	•		ÄT	ELAHASSI IST	COMO.	
3870 SW 133 MIAMI, FL 33		3870 SW 133 COURT Miami, FL 33175						
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			111105004	AFEREN	CF2E098 (6/04)	24
City & State		City & State		Ų	FEI Number	16-1674	/ 7 - / - -	plied For
Zip	Country	Zip	Count	iry	5. Certificate	of Status Desired [\$8.75 Add	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
FERRER, 8 3870 SW 1	PEDRO 33 COURT	,		Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33175		-					
				City			FL Zip Code	е
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registere	ed office or re	gistered agent, or bo	th, in the State of Florida	. I am familiar with,	and accept
SIGNATURE								
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00						In accordance with corporation did not	s607.193(2)(b), receive the prior r	F.S., the notice.
10.	OFFICERS AND		11.		ADDITIONS,	/CHANGES TO OFFICE		
TITLE NAME	PD FERRER, PEDRO	☐ Delete	TITLE	Ε	90	0004361	Change P⊂マテニ	Addition
STREET ADDRESS CITY-ST-ZIP	3870 SW 133 COURT MIAMI, FL 33175			et address • St - Zip	. 12/2	8/0401039	-016 **150	0.00
TITLE NAME		☐ Defete	TITLE				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREE	et address •St-zip	•			
TITLE		Delete	TITLE				Change	Addition
NAME STREET ADDRESS			NAME STRES	ET ADDRESS	*	,		
CITY-ST-ZIP			_	-ST-ZIP				- Addition
TITLE .		☐ Delete	TITLE	E .			☐ Change	Addition.
STREET ADDRESS CITY-S1-ZIP				ET ADDRESS -ST-ZIP				
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS	•		STRE	ET ADDRESS				
CITY-ST-ZIP TITLE		☐ Delete	TITLE	-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS			NAME STREE	ET ADDRESS				
CITY-SI-ZIP	partituthat the information areas	this filing does not qualify to		-ST-ZIP	in Casting 440 07/01	(i) Elocida Chetura I tora	has acrific that the - 1-	aformation
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental leport is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or district empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if								
changed, or on an attachment with an actoress, with all other like empowered.								
SIGNATURE: SIGNATURE AND T PED OF PROPERTY OF DIRECTOR Daylore Proche #								
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