

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR 19 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **903000073408**

1. Corporation Name

All American Logistics, Inc.

2. Principal Office Address - No P.O. Box #
3212 Laurel Dale Drive

Suite, Apt. #, etc.

City & State
Tampa, Florida

Zip
33618

Country
USA

3. Mailing Office Address
13064 SW 49 Court

Suite, Apt. #, etc.

City & State
Miramar, Florida

Zip
33027

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **07/02/2003**

5. FEI Number

☒ 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
Edward Delgado

Street Address (P.O. Box Number is Not Acceptable)
13064 SW 49 Court

Suite, Apt. #, Etc.

City
Miramar

State Zip Code
FL 33027

☒ 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

REGISTERED AGENT MUST SIGN

Date **3/15/07**

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	Edward Delgado	13064 SW 49 Court	Miramar, Florida 33027
D	Jesus Puig	3212 Laurel Dale Drive	Tampa, Florida 33618

300095808753
04/04/07--01043--015 **\$00.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/07
Michael
MAR 17 2007