


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2007 JAN -9 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000151857**  
1. Corporation Name  
**A & W Logistics, Inc**

**100084662021**  
01/17/07--01008--025 \*\*900.00  
CR2E081 (12/05)

2. Principal Office Address <b>4822 NW 16th St.</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hialeah FL</b>		City & State <b>FL</b>	
Zip <b>33014</b>	Country <b>USA</b>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	<b>12/9/2003</b>
5. FEI Number	<b>71-087553601</b>
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name	<b>Andrene B. Foster</b>		
Street Address (P.O. Box Number is Not Acceptable)	<b>19800 SW 14th Ct</b>		
Suite, Apt. #, Etc.			
City	State	Zip Code	
<b>Pembroke Pines</b>	<b>FL</b>	<b>33029</b>	

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 **Andrene B. Foster** Date **1/5/07**  
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, S	Andrene B. Foster	19800 SW 14th Ct Pembroke Pines FL 33029	Pembroke Pines FL 33029
V, T	Willard J. Foster	19800 SW 14th Ct	Pembroke Pines FL 33029
Manager	Stefan T. Foster	19800 SW 14th Ct	Pembroke Pines FL 33029
Manager	Sean A. Foster	19800 SW 14th Ct	Pembroke Pines FL 33029

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: **Andrene B. Foster** **Andrene B. Foster** **1/5/07** **305.228.9275**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Per conversation with Ms. Andrene B Foster on 1/11/07 at 1:08 p.m. Stefan T Foster is a manager and Sean A. Foster is a manager TS.