

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

4822 NW 16th St.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

FL

Zip

33014

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/9/2003

5. FEI Number

71-087553601

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

Andrene B. Foster

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

19800 SW 14th Ct

Suite, Apt. #, Etc.

City

Pembroke Pines

State
FL

Zip Code
33029

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 1:08p.m.
Stefan T Foster is a manager and Sean A. Foster is a manager TS.