

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -4 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000002913

1. Corporation Name

E & G LOGISTICS, INC.

01-8005

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

5091 N.W. 79TH AVENUE

Suite, Apt. #, etc.

STE # B

City & State

MIAMI, FL

Zip

33166

Country

US

3. Mailing Office Address

5091 N.W. 79TH AVENUE

Suite, Apt. #, etc.

STE # B

City & State

MIAMI, FL

Zip

33166

Country

US

REINSTATEMENT

08-10

4. Date Incorporated or Qualified

To Do Business in Florida 01-02-2004

5. FEI Number

20-0560063

☐ 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

YANEL MARTINEZ

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

6959 WEST 7TH AVENUE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33014

☒ 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.

900171278479

03/04/10--01044--015 **308.75

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 2-11-10

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
PS	YANEL MARTINEZ	6959 WEST 7TH AVENUE	HIALEAH, FL 33014
VP	ELIOT D GONZALEZ	4524 N.W. 114TH AVENUE#1808	DORAL, FL 33178

500168796085

02/15/10--01034--014 **150.00

10. E-mail Address: YANEL.MARTINEZ@YAHOO.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:

YANEL MARTINEZ

2-11-10

305-471-7706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/50