

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000014287

1. Entity Name
NATIONAL TRUCKERS LOG, INC.



FILED

08 NOV -7 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2221 NORTHEAST 164TH STREET
SUITE 390
NORTH MIAMI, FL 33160

Mailing Address
2221 NORTHEAST 164TH STREET
SUITE 390
NORTH MIAMI, FL 33160

2. Principal Place of Business - No P.O. Box #
2221 NE 164TH ST
SUITE 390

3. Mailing Address
SAME
SAME

10302008 REIN-P CR2E098 (1/07)

City & State
NORTH MIAMI, FL
Zip
33160

City & State
SAME
Zip
SAME

Country
SAME

4. FEI Number
65-1032763

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE LONGSHORE MENS'S NEWS, INC
117150 COLLINS AVE
SUITE 101-158
SUNNY ISLES, FL 33180

7. Name and Address of New Registered Agent

Stanley Sherman
Street Address (P.O. Box Number is Not Acceptable)
2221 NE 164TH ST
SUITE 390
City No. MIAMI FL Zip Code 33160

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stanley Sherman DATE 11/5/08
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P PRES.
NAME SHERMAN, STANLEY
STREET ADDRESS 501 NE 14TH AVE, PAT # 402
CITY-ST-ZIP HALLANDALE, FL 33004

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700137735967
11/07/08--01008--023 **150.00

TITLE
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CITY-ST-ZIP

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 trustee 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 address, with all other like empowered.

SIGNATURE: Stanley Sherman
(Signature and typed or printed name of signing officer or director)

(Pres) 11/5/08 (786 6834363)
Date Daytime Phone #