PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT	Secretar	TMENT OF STATE by of State corporations		07 MAR -	LED -8 PM 12: 20	
DOCUMENT # P04000073500 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Down South Logistics, Inc.				200093743472 03/19/0701051008 **450.00			
	Office Address - No P.O. Box # 5 South Dixie Hwy	3. Mailing Office Address				勰 05-07	
Suite, Apt. #, etc. 363		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 05/05/2004			
City & State Miami, Florida		City & State		\$1-0649631 Applied For Not Applicable			
^{Zip} 33157	7-6817 US	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent							
Mr. Joshua Broadhurst				The reinstatement fee is imposed, except in circumstances which the entity did not receive			
18495 South Dixie Hwy				the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
Suffice Apr. #, Etc. 303							
Miam	i		State 33757		fee be waived.		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0503, F.S. Signature of Registered Agent Date March 1, 2007 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		/ State / Zip	
DP	Mr. Joshua Broadhurst		18495 South Dixie Hwy #363, Miami, FL 33157-6817		Miami, Flo	rida 33157	
DVT	Mr. Patrick Duboy		18495 South Dixie Hwy #383, Miami, FL 33157-6817		Miami, Flo	rida 33157	
DVS	Mr. Daniel Prince	18495 Sc	18495 South Dixie Hwy #363, Miami, FL 33157-6817		Miami, Flo	rida 33157	
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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 has 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 total and eccurate, and my signature shall have the same legal effect as if made under oath.							
SIGNATURE: Stillia Moral Mr. Joshua Broadhurst 03/01/2007 (305) 403-0643							
i	STONATURE AND TYPED OR PR	ENTED NAME OF SIGNING OF	FFICER OR DIRECTOR		Date	Daytime Phone #	