

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

08 MAR 21 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-25-08
LS

DOCUMENT # P04000089167

1. Corporation Name

DIVERSIFIED LOGISTICS MANAGEMENT, INC.

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

1894 S. 14TH STREET

Suite, Apt. #, etc.

SUITE 2

City & State

FERNANDINA BEACH, FL

Zip

32034

Country

U.S.A

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 05-08

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/2004

5. FEI Number
26-1793250

☐ 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

CHRIS SPENCE

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

1894 S. 14TH STREET

Suite, Apt. #, Etc.

SUITE 2

City

FERNANDINA BEACH, FL

State

FL

Zip Code

32034

☒ 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.

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

Chris Spence

REGISTERED AGENT MUST SIGN

Date

3/14/08

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
D	CHRIS SPENCE	1894 S. 14TH STREET	FERNANDINA BEACH, FL
D	KEVIN T. CRUMP	1894 S. 14TH STREET	FERNANDINA BEACH, FL
D	IVEY M. CRUMP, SR	1894 S. 14TH STREET	FERNANDINA BEACH, FL

800120956108
03/21/08--01030--010 **600.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Spence

CHRIS-
SPENCE

Date

3/14/08

Daytime Phone #

***Diversified Logistics Management, Inc.
1894 S. 14th Street, Suite 2
Fernandina Beach, FL 32034***

January 27, 2008

Department of State
Division of Corporations,
P.O. Box 6327
Tallahassee, FL 32314

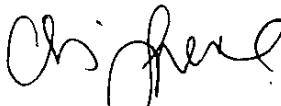
RE: Document Number P04000089167

Dear Sir/Madam.

Enclosed please find Corporation Reinstatement Form for the above named corporation. We had incorporated in June 2004, but the actual business activity started in 2008. When we reviewed the Department of State's online document search we noted that it was administratively dissolved. When we reviewed our files, we were not able to locate any notices indicating that the corporation was going to be dissolved in 2005.. We therefore are requesting a reinstatement, and enclose herewith a fee of \$600.00, which includes a fee for the annual report and Corporate Supplemental fee of \$150 for each year 2005 to 2008.

We would appreciate you reinstituting the above named Corporation.

Sincerely,



Chris Spence
Director