

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000090432

1. Entity Name  
L.C.I.C. LOGISTICS, CORP.



FILED

05 OCT 24 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1919 BAY DRIVE SUITE 51  
MIAMI BEACH, FL 33141

Mailing Address  
1919 BAY DRIVE SUITE 51  
MIAMI BEACH, FL 33141

2. Principal Place of Business  
1919 BAY DRIVE  
Suite, Apt. #, etc.  
SUITE 51

3. Mailing Address  
1919 BAY DRIVE  
Suite, Apt. #, etc.  
SUITE 51



REINSTATEMENT 2005

City & State  
MIAMI BEACH, FL  
Zip  
33141

City & State  
MIAMI BEACH, FL  
Zip  
33141

4. FEI Number  
20-1240219

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CANALS, IVONNE  
1919 BAY DRIVE  
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, 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 PD ☐ Delete  
NAME CANALS, IVONNE  
STREET ADDRESS 1919 BAY DRIVE SUITE 51  
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500060899295  
CITY-ST-ZIP 10/24/05--01063--014 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/05

305 865 6495