FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 18 PM 1:02

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000123190

1. Entity Name
YALTA LOGISTICS CORPORATION

REINSTATEMENT 05-06

Principal Place of Business	Mailing Address
501 SOUTH FAULKENBERG DRIVE SUITE D-15 TAMPA, FL 33619 US	501 SOUTH FAULKENBERG DRIVE SUITE D-15 TAMPA, FL 33619 US

05162006 REIN-P CR2E098 (11/05)

2. Principal Place of Business		3. Mailing Address	
707 N. Franklin Street		707 N. Franklin Street	
Suite, Apt. #, etc.: Fourth Floor		Suite, Apt. #, etc.: Fourth Floor	
City & State: Tampa, FL		City & State: Tampa, FL	
Zip: 33602	Country: USA	Zip: 33602	Country: USA

4. FEI Number 74-3131540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGAL ZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name: Jeremy E. Gluckman
Street Address (P.O. Box Number is Not Acceptable): 707 N. Franklin Street, Fourth Floor
City: Tampa FL Zip Code: 33602

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: Jeremy E. Gluckman 5/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

800075103598
05/23/06--01048--020 **908.75

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR LAVALLEE, JOSEPH 501 SOUTH FAULKENBERG DRIVE SUITE D-15 TAMPA, FL 33619	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HARRIS, ROBERT 501 SOUTH FAULKENBERG DRIVE SUITE D-15 TAMPA, FL 33619	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D HARRIS, ROBERT 707 N. Franklin St., Fourth Floor Tampa, FL 33602	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert Harris 5/16/06 813 3891778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #