

1083

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 17 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 804000126857

1. Corporation Name

Advanced Logistics Services Inc.

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

2161 E. County Rd 540A

Suite, Apt. #, etc.

#246

City & State

Lakeland, FL

Zip

33813

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 05-08

**4. Date Incorporated or Qualified
To Do Business in Florida:**

09/02/2004

5. FEI Number

NONE

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

D Howard Stitzel III

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

206 N. Collins Street

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33563

☐ 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

D Howard Stitzel III

REGISTERED AGENT MUST SIGN

Date

3/13/08

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	Robert D. Kemp	602 E Alexander St #606	Plant City, FL 33563

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03/17/08--01045--022 **1200.00

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:

Robert D. Kemp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08

Date

Daytime Phone #

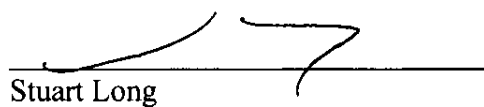
2083

February 19, 2008

To Whom It May Concern:

By my execution of this letter I formally resign any and all offices I may hold as well as my directorship in the corporation known as Advanced Logistics Services, Inc.

This resignation shall be effective immediately.


Stuart Long


3853

February 21, 2008

To Whom It May Concern:

By my execution of this letter I formally resign any and all offices I may hold as well as my directorship in the corporation known as Advanced Logistics Services, Inc.

This resignation shall be effective immediately.


Michael Craig Johnson