

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000151616

1. Corporation Name

Truck Logistics, Inc.

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

3296 N. Federal Hwy.

Suite, Apt. #, etc.

Suite 11505

City & State

Fort Lauderdale, FL

Zip

33306

Country

Broward

3. Mailing Office Address

PO Box 11505

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33339

Country

Broward

7. Name and Address of Current Registered Agent

Name
Gabriel Leite

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

3296 N. Federal Hwy.

Suite, Apt. #, Etc.

Suite 11505

City
Fort Lauderdale

State

FL

Zip Code

33306

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

REGISTERED AGENT MUST SIGN

Date **05/07/2007**

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
P, VP	Gabriel Leite	3296 N. Federal Hwy. Suite 11505	Fort Lauderdale, FL 33306
D, S	Gabriel Leite	3296 N. Federal Hwy. Suite 11505	Fort Lauderdale, FL 33306
T	Gabriel Leite	3296 N. Federal Hwy. Suite 11505	Fort Lauderdale, FL 33306

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:

Gabriel Leite

05/07/2007

954-287-0023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 MAY 11 PM 12:56

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

000103199450
05/24/07--01027--024 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/2004

5. FEI Number

20-1837119

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.