

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUN 11 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000156816

1. Corporation Name

LAST MINUTE LOGISTICS, INC

REINSTATEMENT

800131196178
06/11/08--01028--013 ++\$600.00

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

2221 NW 30 WAY

Suite, Apt. #, etc.

3. Mailing Office Address

2221 NW 30 WAY

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUD. FL

Zip

33311

Country

USA

Zip

33311

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11-12-2004

5. FEI Number

13-4294185

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BECKFORD, LEON O

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

2221 NW 30 WAY

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33311

☒ 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

Leon O. Beckford

Date

5-20-08

REGISTERED AGENT MUST SIGN

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	Beckford, Leon O	2221 NW 30 WAY	FT. LAUD. FL 33311
D	POOLE, PEARLISTA	2221 NW 30 WAY	FT. LAUD. FL 33311

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

Leon Beckford, LEON BECKFORD

Date

5-20-08

Daytime Phone #

954 931-0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR