

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JUN 18 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000169721

1. Corporation Name

UNITED LOGISTIC GROUP, INC

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

4715 NW 157 ST

Suite, Apt. #, etc.

SUITE #111

City & State

MIAMI FL

Zip

33101

Country

USA

3. Mailing Office Address

4715 NW 157 ST

Suite, Apt. #, etc.

SUITE #111

City & State

MIAMI FL

Zip

33101

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/04

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VALDES OSCAR

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

4715 NW 157 ST

Suite, Apt. #, Etc.

SUITE #111

City

MIAMI FL

State

FL

Zip Code

33101

☒ 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

Oscar Valdes

Date 06/10/08

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
PDT	VALDES OSCAR	4715 NW 157 ST SUITE #111	MIAMI FL 33101

100131632811

06/24/08--01040--007 **600.00

REINSTATEMENT

05-08
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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:

Oscar Valdes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/10/08

Date

(305)562-3905

Daytime Phone #