

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000146713

FILED
Oct 05, 2007
Secretary of State

Entity Name: JACKSONVILLE TRANSPORTATION & LOGISTICS, INC.

Current Principal Place of Business:

2586 LANE AVENUE N.
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

2586 LANE AVENUE N.
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 65-1262941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENWOOD, PAULA
2586 LANE AVENUE N.
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

LOPES, CRAIG
2586 LANE AVENUE N.
JACKSONVILLE, FL 32254 US

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.

SIGNATURE: CRAIG LOPES

10/05/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: VILANOVA, ERNESTO
Address: P.O. BOX 3557
City-St-Zip: CAROLINA, PR 00985 US

Title: VP () Delete
Name: VILANOVA, LIZA
Address: P.O. BOX 3557
City-St-Zip: CAROLINA, PR 00985

Title: SEC. () Delete
Name: VILANOVA, IVONNE
Address: P. O. BOX 3557
City-St-Zip: CAROLINA, PR 00985

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG LOPES

TM

10/05/2007

Electronic Signature of Signing Officer or Director

Date