Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305)406-3800
Fax Number : (305)406-3999

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
FTC LOGISTIC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$900.00~~

$300.00

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN 13 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000147687

1. Corporation Name
FTC LOGISTIC, INC.

2. Principal Office Address – No P.O. Box #	3. Mailing Office Address
1400 NW 96 AVE	1400 NW 96 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33172 Country: US	Zip: 33172 Country: US

CR2E081 (1/09)

4. Date Incorporated or Qualified To Do Business in Florida: 11/03/2005

5. FEI Number: 061780986 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: SAMIR ASAAD
Street Address (P.O. Box Number is Not Acceptable): 1862 NW 82 AVE
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33126

☑ 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: _____ Date: 1/12/2010
REGISTERED AGENT MUST SIGN

9. Name and Street Address 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
DP	SAMIR ASAAD	1400 NW 96 AVE	MIAMI, FL 33172
VP	RICARDO SEMINARIO	1400 NW 96 AVE	MIAMI, FL 33172

10. E-mail Address: _____
(To receive the Annual Report notification)

11. I certify that I am an officer or director of the corporation 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. I further certify 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: SAMIR ASAAD 1/12/2010
SIGN THIS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DC 1/13