

Division of Corporations

Florida Department of State
Division of Corporations
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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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Corporate Filing Menu

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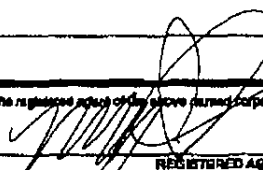
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P05000147687					
1. Corporation Name FTC LOGISTIC, INC.					
2. Principal Office Address - No P.O. Box 1400 NW 96 AVE Suite, Apt. #, etc.			3. Mailing Office Address 1400 NW 96 AVE Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State MIAMI, FL		
Zip 33172	Country US	Zip 33172	Country US	4. Date Incorporated or Qualified To Do Business in Florida 11/03/2005	
5. FEI Number 061780988				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	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0805 or 617.0608 F.S. Signature of Registered Agent  Date 1/12/2010 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	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: 1/12/13					
11. I certify that I am an officer or director or the receiver or trustee responsible to execute this application as provided for in chapters 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE:  SAMIR ASAAD Date 1/12/2010 SECRETARY OF STATE TALLAHASSEE, FLORIDA					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR25051 (1/1/00)

No. 0251 P. 2

Jan. 13. 2010 1:57PM Floridatrade Consolidators