2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000158222

9913 FLOYD

OVERLAND PARK, KS 66212

Address:

City-St-Zip:

Entity Name: FAIRWAYS LOGISTICS PARTNERS INC.

FILED Oct 09, 2006 Secretary of State

Littly Na	IIIC. PAIRVVA	113 LOGISTICS FARTNERS, II	vC.		
Current Principal Place of Business:			New Principal Place of Business:		
	NDREWS CO EDRA BEACH				
Current Mailing Address:			New Mailing Address:		
	NDREWS CO EDRA BEACH				
FEI Number	: 20-3961664	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	ADDON N NDREWS CO EDRA BEACH				
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE: HADDOI	N N ALLEN			
Electronic Signature of Registered Agent			ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ALLEN, HADD 6100 ST ANDF		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ALLEN, HADD 6100 ST ANDF		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVPS (ALLEN,III, WIL 2461 RIPPLE ORANGE PAR	CREEK LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DVP (HOOD, CHRIS) Delete TOPHER	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: HADDON N ALLEN PRES 10/09/2006