

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 28 AM 11:00

DOCUMENT # P06000044317

1. Corporation Name

GOURGUE INTEGRATED LOGISTICS, INC

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

7994 NW 128 LA

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PARKLAND, FL

City & State

Zip

33076

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/2006

5. FEI Number

20-4613652

☐ 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

EVENS GOURGUE

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

7994 NW 128 LA

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33076

900182964279
07/06/10--01068--018 **1050.00

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 **07/01/2010**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	EVENS GOURGUE	7994 NW 128 LA	PARKLAND FL 33076

10. E-mail Address: **GOURGUEINTEGRATEDLOGISTICS@GMAIL.COM**

(To be used for future annual report notification)

11. 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/2010

Date

954 599 3149

Daytime Phone #

REINSTATEMENT

07/28/10
08-10