PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2022 APR 21 PM 3:26

DOCUMENT # P06000067613

1. Corporation Name

Safeway Logistics, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
16900 N Bay Rd	16900 N Bay Rd
Suite, Apt. #, etc. # 2017	Suite, Apt. #, etc. # 2017
City & State Sunny Isles Beach	City & State Sunny Isles Beach
Zip 33160 Country FL Dade	Zip 33160 Country Dade

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 05/12/2006

5. FEI Number 20-4852061 ☐ 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: Orentas Buta

Street Address (P.O. Box Number is Not Acceptable): 16900 N Bay Rd

Suite, Apt. #, Etc.: # 2017

City: Sunny Isles Beach | State: FL | Zip Code: 33160

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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 4-19-2022

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
P	Orentas Buta	16900 N Bay Rd #2017	Sunny Isles FL 33160
		REINSTATEMENT	
			CJ 2020-2022
			6/24/2022

10. E-mail Address: ORENTUKAS@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 4-19-2022 9546089118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #