

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000015625

1. Entity Name
APPS LOGISTICS INC.



FILED

08 DEC -9 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4200 COMMUNITY DR - # 903
W PALM BEACH, FL 33409

Mailing Address
4200 COMMUNITY DR - # 903
W PALM BEACH, FL 33409



2. Principal Place of Business - No P.O. Box #
11211 S. MILITARY TRL.
Suite, Apt. #, etc.
5423
City & State
BOYNTON BEACH, FL
Zip
FL 33486 Country
USA

3. Mailing Address
11211 S. MILITARY TRL.
Suite, Apt. #, etc.
5423
City & State
BOYNTON BEACH, FL
Zip
33486 Country
USA

12032008 REIN-P CR2E098 (1/07)

4. FEI Number
20-8437490
Applied For
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
UDUMALA, SUDHAKAR R
4200 COMMUNITY DR - # 903
W PALM BEACH, FL 33409

7. Name and Address of New Registered Agent
Name
UDUMALA, SUDHAKAR R
Street Address (P.O. Box Number is Not Acceptable)
11211 S. MILITARY TRL
5423
City
BOYNTON BEACH FL Zip Code
33486

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Udumala R. SUDHAKAR UDUMALA President 12/5/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additi
NAME	UDUMALA, SUDHAKAR R		NAME	UDUMALA, SUDHAKAR R	
STREET ADDRESS	4200 COMMUNITY DR - # 903		STREET ADDRESS	11211 S. MILITARY TRL # 5423	
CITY - ST - ZIP	W PALM BEACH, FL 33409		CITY - ST - ZIP	BOYNTON BEACH, FL 33486	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Udumala R. SUDHAKAR UDUMALA President 12/5/08 650 244126
Signature and typed or printed name of signing officer or director Date Daytime Phone #