

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 14 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0700038204

1. Corporation Name

88 LOGISTICS FL INC

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

8460 72ND STREET

Suite, Apt. #, etc.

3. Mailing Office Address

757 BALDWIN PARK BLVD

Suite, Apt. #, etc.

City & State

MIAMI

City & State

CITY OF INDUSTRY

Zip

Country

FL

33166

Zip

Country

CA

91746

4. Date Incorporated or Qualified

To Do Business in Florida **3-26-2007**

5. FEI Number

20-8718186

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

LAI YANG

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

8460 72ND STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **04/09/2010**

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
PRESIDENT	LAI S. YANG	8460 72ND STREET	MIAMI, FL 33166

10. E-mail Address: **CARMEN@88LOGISTICS.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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAI S YANG

04/09/2010 626-333-8088

Date

Daytime Phone #

4/14/20