

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 22 AM 7:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P07000066684**

1. Corporation Name

ED LOGISTIC INC

500172790975
03/22/10--01051--017 **450.00

CR2E081 (11/09)

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

903 CRANDON BLVD

3. Mailing Office Address

730 S MASHTA DRIVE

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

City & State

KEY BISCAVNE

City & State

KEY BISCAVNE

Zip

FL

Country

33149

Zip

FL

Country

33149

4. Date Incorporated or Qualified

To Do Business in Florida **2007**

5. FEI Number

26-0309796

☐ 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

PATRICK MOYAL

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

10796 PINES BLVD

Suite, Apt. #, Etc.

SUITE 204

City

PEMBROKE PINES

State

FL

Zip Code

33026

☒ 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

Patrick Moyal
REGISTERED AGENT MUST SIGN

Date **03/11/2010**

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
P	EDWIN MALEK	730 S MASHTA DRIVE	KEY BISCAVNE, FL 33149

REINSTATEMENT

RH

10. E-mail Address:

(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:

EDWIN MALEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/2010 786-282-6602

Date

Daytime Phone #