

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUN 30 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07000075576**

1. Corporation Name

NATIONAL Logistics INC.

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

10 Lee dr

3. Mailing Office Address

10 Lee dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast FL

City & State

Palm Coast FL

Zip

32137

Country

Zip

32137

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-29-07

5. FEI Number

26-0509517

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

Valeriy Ischenko

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

10 Lee dr

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32137

300182769613

06/30/10--01006--023 **500.00

300182769613

06/30/10--01006--024 **50.00

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

Val Ischenko

Date

6-30-10

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	Valeriy Ischenko	10 Lee dr	Palm Coast FL 32137

10. E-mail Address: **Valeriy Ischenko@hotmail.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, and 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:

Val Ischenko

6-30-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #