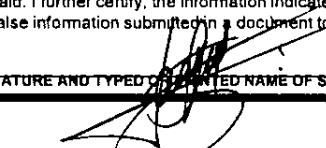


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	RECEIVED FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 13 JUL 25 AM 9:16																				
<p>DOCUMENT # P08000010432</p> <p>1. Corporation Name Science logistics corp</p>																							
2. Principal Office Address - No P.O. Box # 8249 NW 66th street		3. Mailing Office Address 8249 NW 66th street																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State Miami - FL		City & State Miami - FL																					
Zip 33166	Country Usa	Zip 33166	Country Usa																				
<p>4. Date Incorporated or Qualified To Do Business in Florida 01/28/2008</p> <p>5. FEI Number 261848711</p> <p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																							
<p>7. Name and Address of Current Registered Agent</p> <p>Name Helio Cavalcante</p> <p>Street Address (P.O. Box Number is Not Acceptable) 9744 NW 57th Terrace</p> <p>Suite, Apt. #, Etc.</p> <p>City Doral</p> <p>State FL</p> <p>Zip Code 33178</p> <p>100249619961 07/09/13--01025--009 **750.00</p>																							
<p>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.</p> <p>Signature of Registered Agent </p> <p>REGISTERED AGENT MUST SIGN</p> <p>Date 07/03/2013</p>																							
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>VP</td> <td>Helio Cavalcante</td> <td>9744 NW 57th Terrace</td> <td>Miami, FL 33178</td> </tr> <tr> <td>SECRETARY</td> <td>ANDREA CAVALCANTE</td> <td>9744 NW 57th TERRACE</td> <td>MIAMI FL 33178</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	VP	Helio Cavalcante	9744 NW 57th Terrace	Miami, FL 33178	SECRETARY	ANDREA CAVALCANTE	9744 NW 57 th TERRACE	MIAMI FL 33178								
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<p>REINSTATEMENT</p> <p>JUL 25 2013</p> <p>R. HUNT</p>																							
<p>10. E-mail Address: helio@sciencelogistics.com</p> <p>(To be used for future annual report notification)</p>																							
<p>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.</p>																							
SIGNATURE: 		07/03/2013	305-463-6830																				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #																				