

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 JUL 25 AM 9:16

DOCUMENT # P08000010432

1. Corporation Name

Science logistics corp

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

8249 NW 66th street

Suite, Apt. #, etc.

3. Mailing Office Address

8249 NW 66th street

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami - FL

Zip

33166

Country

Usa

Zip

33166

Country

Usa

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2008

5. FEI Number

261848711

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

Helio Cavalcante

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

9744 NW 57th Terrace

Suite, Apt. #, etc.

City

Doral

State

FL

Zip Code

33178

100249619961
07/09/13--01025--009 **750.00

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

REGISTERED AGENT MUST SIGN

Date **07/03/2013**

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
VP	Helio Cavalcante	9744 NW 57th Terrace	Miami, FL 33178
secretary	ANDREA CAVALCANTE	9744 NW 57th Terrace	MIAMI FL 33178

REINSTATEMENT

JUL 25 2013

R. HUNT

10. E-mail Address: **hello@sciencelogistics.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., 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.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

07/03/2013

305-463-6830

Date

Daytime Phone #