

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000005714

**FILED**  
**Oct 23, 2012**  
**Secretary of State**

**Entity Name:** SNS LOGISTICS INC.

**Current Principal Place of Business:**

233-3 TRESKA ROAD  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

2463-B LLOYD RD  
JACKSONVILLE, FL 32243 US

**Current Mailing Address:**

233-3 TRESKA ROAD  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

P.O. BOX 351838  
JACKSONVILLE, FL 32235 US

**FEI Number:** 26-4073459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

VICKI MIDDLEKAUFF CMA, PA  
767 BLANDING BLVD.  
STE. 110A  
ORANGE PARK, FL 32065 US

**Name and Address of New Registered Agent:**

LAND, STEVEN CFO  
2463 - B LLOYD RD  
JACKSONVILLE, FL 32254 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVEN LAND

10/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SIMON, NEDRET  
Address: 2463-B LLOYD RD  
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: VP  
Name: SIMON, CARY J  
Address: 2463-B LLOYD RD  
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: T  
Name: CUNNINGHAM, KENAN  
Address: 2463 - B LLOYD RD  
City-St-Zip: JACKSONVILLE, FL 32254

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARY SIMON

VP

10/23/2012

Electronic Signature of Signing Officer or Director

Date