PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1	RPORATION ISTATEMENT	FL	Secretary	DEPARTMENT OF STATE Secretary of State IISION OF CORPORATIONS		FILED 15 APR 22 PM 2: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA,		
DOCUMENT # PO9000031881 1. Corporation Name						TALLAHASSEE	. FLORIDA,	
Universal Warehousing & Logistics, Inc.								
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1038 Arlington Street 1038 Arlington Street Suite, Apt. #, etc.					CR2E081 (11/10)			
Guilo, Api.	, 0.0.		-11-1, riphi nj -10-			orated or Qualified ness in Florida		
City & State			ity & State			04/07/2009 5. FEI Number Applied For		
			Orlando		264652519			
FL	3280		ALONG CHIEFLY BY THE WAR ALL AND	32805	6. CERTIFICAT YES	CERTIFICATE OF STATUS DESIRED		
7. Name and Address of Current Registered Agent								
Cesery L. Bullard, Esquire								
1053 West Smith Street								
Suite, Apt. #, Etc.					700272152797 04/23/15-01029-006 **1503.75			
Orlan	do			State Zip Code U4/2		/1501029U	<i>1</i> 6 **1508.75 }	
8. i, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.								
Signature of Registered Agent Law January					Date 04/14/2015			
REGISTERED AGENT MUST SIGN								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le					ast 3 directors)			
Tilles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
DT	John k	<u>Cramer</u>	103	1038 Arlington Street		Orlando, FL 32805		
DP	Todd Henning			1038 Arlington Street		Orlando,	FL 32805	
				DEIDIG				
	REINST					ATEMENT		
				2014		2015		
10. E-mail Address: cbullard@bullard-law.com (To be used for future annual report notification)								
11. I certify that I am an officer or director or the receiver or)fustee 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 peid. 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 lates information submitted in a document of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.								
SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELLE DAYLING PROTES A								