

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
WHITE HORSE LOGISTICS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

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Corporate Filing Menu

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2011 OCT -6 AM 9:34

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2011 OCT -6 AM 9:34 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P10000046081					
1. Corporation Name WHITE HORSE LOGISTICS, INC.					
2. Principal Office Address - No P.O. Box # 1419 NW 84th Avenue		3. Mailing Office Address 1419 NW 84th Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Doral, FL		City & State Doral, FL			
Zip 33126	Country USA	Zip 33126	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida May 28, 2010					
5. FEI Number 27-3510751 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable					
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for Certificate of Status					
7. Name and Address of Current Registered Agent					
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suite, Apt. #, Etc.					
City Tallahassee		State FL	Zip Code 32301		
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		Troy Todd as its agent		Date 10/5/2011	
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	Peter Markson	1419 NW 84th Avenue		Doral, FL 33126	
VP	Donald Oberfield	1419 NW 84th Avenue		Doral, FL 33126	
REINSTATEMENT					
10. E-mail Address: KISSINGORD@GREATCHINAEMPIRE.COM - OBERFIELD@GREATCHINAEMPIRE.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: Donald Oberfield		10/5/11		212-704-4848	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	