

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 DEC 26 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 100 000 68160

1. Corporation Name

Integrated Freight Corporation

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

8374 Market St

Suite, Apt. #, etc.

#478

City & State

Bradenton

Zip

34202

Country

USA

3. Mailing Office Address

8374 Market St

Suite, Apt. #, etc.

#478

City & State

Bradenton

Zip

34202

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/18/2010

5. FEI Number

84-0868815

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

Matthew A Veal

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

7937 Broadmoor Pkwy Blvd.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34213

700255021737
12/26/13--01028--012 **\$50.00

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

Matthew A Veal

Date

12/21/13

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
CEO	David Fuselier	c/o 8374 Market Street #478	Bradenton FL 34202
COO	Henry P Hatten	c/o 8374 Market Street #478	Bradenton FL 34202
CFO	Matthew A Veal	7937 Broadmoor Pkwy Blvd	Sarasota FL 34213
	REINSTATEMENT 2013		
			DEC 27 2013
			L. SELLERS

10. E-mail Address: mveal2006@msn.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:

Matthew A Veal

CFO

Matthew A Veal

12/21/13

41320 0785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #