

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 NOV 17 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000022818

1. Corporation Name

Employer Logistical Solutions, Inc.

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

719 Shotgun Road

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33326

Country

USA

3. Mailing Office Address

719 Shotgun Road

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33326

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/2012

5. FEI Number

45-4715755

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

Fernan Restrepo

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

719 Shotgun Road

Suite, Apt. #, Etc.

City

Sunrise, FL

State

FL

Zip Code

33326

200266608762
11/17/14--01042--018 **\$900.00

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 11/12/2014

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 | Fernan Restrepo | 719 Shotgun Road | Sunrise, FL 33326 |
| VP | Caymi Duffy | 719 Shotgun Road | Sunrise, FL 33326 |
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10. E-mail Address: accounting@rgdevelopment.net

(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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RG 11/19/14