

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 FEB 19 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9300008042

1. Corporation Name

TOTAL LOGISTICS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

900 University Blvd. N.
Suite 506
Jacksonville, FL 32211

300002093623--U

02/20/97--01098--001

*****923.75 *****923.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

2121 Corporate Square Blvd

3. New Mailing Address, if Applicable

P.O. Box

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3165948

Applied For

Not Applicable

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32216

Country

USA

Zip

Country

USA

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P,D	William A. Baird	1989 Brista De Mar	Atlantic Beach, FL 32233
V,S,T,D	Norman J. Stringfield	1832 Dalamon Street	Jacksonville, FL 32211

REINSTATEMENT

8. Name and Address of Current Registered Agent

William A. Baird
1989 Brista De Mar
Atlantic Beach, FL 32233

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

William A. Baird
REGISTERED AGENT MUST SIGN

Date

2/17/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William A. Baird
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/97

Daytime Phone #