

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000012340**

1. Corporation Name

**PREMIER LOGISTICS, INC.**

Principal Place of Business

~~1000 RIVERCHASE DR.~~  
~~ORLANDO FL 32827~~  
~~US~~

Mailing Address

P.O. BOX 622024  
ORLANDO FL 32862  
US

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

2. New Principal Office Address, If Applicable

**8440 Tradeport Drive**

Suite, Apt. #, etc.

**Suite 102**

City & State

**Orlando, FL 32827**

Zip

**32827**

Country

**U.S.A**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**02/10/1993**

5. FEI Number

**59-3171194**

Applied For

Not Applicable

6. 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTS	WHEATON BILLY J,	8046 LANDGROVE CT	ORLANDO FL 32819
VS	DAUGHERTY, REBECCA L	8046 LANDGROVE CT	ORLANDO FL 32819
VX	MARRAS, DEANA	6902 NW 38TH STREET	MIAMI FL 33186
V	Roger G. Robe	1550 New Bridge Lane	Orlando, FL 32825
			000003441400--3 -10/27/00--01004--00000 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

~~HARRIS, MARSHALL S~~  
~~8046 LANDGROVE CT~~  
~~ORLANDO FL 32819~~

9. Name and Address of New Registered Agent

Name

**Billy J. Wheaton.**

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

**8046 Landgrove Court**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32819**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10/11/00**

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Billy J. Wheaton**

**10/11/00**  
Date

**(407) 938-7887**  
Daytime Phone #

**Paid 10/12/2000 CK2177 \$750.00**