PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FURW.

APPLICATION FOR REINSTATEMENT



IGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy J. Wheaton

Taid 10/12/2000 CK2177 \$750.00

FLORIDA DEPARTMENT OF STATE Katherine Harris

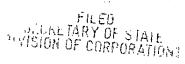
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000012340

1. Corporation Name

PREMIER LOGISTICS, INC.



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Principal Place of Business Mailing Address					SS					
TOTAL LE SE CONTRACTOR DE LA CONTRACTOR			P.O. BOX 622 ORLANDO FL	32862						
US US							rfing	TATEME	ANSP 6	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.										
	Address, If Applicable	ng Office Address, If Applicable			Date Incorporated or Qualified					
8440 Tradeport Drive							To Do Business in Florida 02/10/1993			
			Suite, Apt. #,	uite, Apt. #, etc.			5. FEI Number Applied For			
Suite 102 City & State			_City & State				59-3171.194 Not Applicable			
Orlando, Fl 32827										
Zip	ip Country		Zip Count		Country		\$6.75 Additional Fee red		\$8.75 Additional Fee required for a Certificate of Status	
328 <u>27</u>		U.S.A	<u> </u>		<u> </u>					
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 2			Street Address of Each Officer and/or Director) 	City / State / Zip		
PTS	WHEATON BILLY J,			8046 LANDGROVE CT			Ì	ORLANDO FL 32819		
VS	DAUGHERTY, REBECCA L			8046 LANDGROVE CT				ORLANDO FL 32819		
<u> </u>	MATIASCIDEAMA				6408 XMX 36TH XSTREET			MIANIKRIX33186		
V Roger G. Robe				1550 New Bridge Lane				Orlando, Fl 32825		
							O	000034414003		
								****750.00 ***** /* FQUUD		
8. Name and Address of Current Registered Age					nt 9. I			Name and Address of New Registered Agent		
Name							ly J. Wheaton.			
HARRIS, MARSHAMXS 8008XXMB0000XEXCT				Street Address (P.O.			P.O. Box Number	O. Box Number is Not Acceptable) andgrove Court		
OKRANDO PIX32838					Suite, Apt. #, Etc.					
				City				State Zip Code		
						Orlando			FL 32819	
10. I, being appointed the registered agent of the above named corporation, am families with and accept the obligations of Section 607.0505, F.S.										
Signature of Page 10/1/00										
Registered Agent REGISTERED AGENT MOST SIGN										
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 filling 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.										

CR2E040

10/11/00 (407)438-7887 Date Daytime Phone #