CORPORATION REINSTATEMENT

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

FILED

00 JUL -5 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000035565

1. Corporation Name

Sales Logistics, Inc

2. Principal Office Address

2650 N.W. 75 Ave

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip	Country
33122	U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip	Country

REINSTATEMENT 09-00

4. Date Incorporated or Qualified To Do Business in Florida 5/5/95 **SF**

5. FEI Number 65-0710458

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 Javier Torrens

Street Address (P.O. Box Number is Not Acceptable)
2650 NW 75 Avenue

Suite, Apt. #, Etc. Miami FL

City

State	Zip Code
FL	33122

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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 (X) _____   REGISTERED AGENT MUST SIGN

Date 6/2/00

CR2E081 (9/99)

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
M/D	Javier Torrens	2650 NW 75 Ave	Miami, FL 33122

10. 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: (X) _____ Javier Torrens _____   305-599-0832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #