

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

90117-2 0110:40

SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091314
1. Corporation Name
AMERICAN LOGISTIC SERVICES, INC.

Principal Place of Business Mailing Address
601 BRICKELL KEY DRIVE SAME
SUITE 705
MIAMI, FL 33131

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

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable c/o MICHAEL E. HILL Suite, Apt. #, etc. 601 BRICKELL KEY DR. #705 City & State MIAMI, FL Zip 33131		3. New Mailing Office Address, If Applicable SAME Suite, Apt. #, etc. City & State Zip Country USA		4. Date Incorporated or Qualified To Do Business in Florida 11/11/95	
				5. FEI Number 65-0676947	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	MARIO REPETTO	1701 BELL HAVEN RD.	ALEXANDRIA, VA 22307
D	JAVIER MARTINEZ	ESPALTER 6, 9B	MADRID, SPAIN 28014
			200002874992--5
			-05/14/99--01011--001
			***1050.00 ***1050.00

8. Name and Address of Current Registered Agent MICHAEL E. HILL 601 BRICKELL KEY DRIVE, SUITE 705 MIAMI, FL 33131		9. Name and Address of New Registered Agent Name MICHAEL E. HILL Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE, Suite, Apt. #, Etc. SUITE 705 City MIAMI State FL Zip Code 33131	
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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 *Michael E Hill*
REGISTERED AGENT MUST SIGN

Date 4-27-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on Intangible Tax)

12. 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)(a), 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: *Mario Repetto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date
Daytime Phone #

CR25081 (12/98)