

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **DA16000089094**  
 1. Corporation Name  
**LOGISTICS RESOURCES, INC.**

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable  
**13 N. 4th STREET**  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**13 N 4th STREET**  
 Suite, Apt. #, etc.

City & State  
**FERNANDINA BEACH, FL.**  
 Zip Country  
**32034 U.S.**

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**FERNANDINA BEACH, FL**  
 Zip Country  
**32034 U.S.**

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	ROBERTA LYNNE RUPPEL	3614 VIA DEL MAR	FERNANDINA BEACH, FL 32034
S	JACK C. L. RUPPEL	3614 VIA DEL MAR	FERNANDINA BEACH, FL 32034

8. Name and Address of Current Registered Agent  
**ROBERTA LYNNE RUPPEL**  
**JACK C. RUPPEL**  
**3614 VIA DEL MAR**  
**FERNANDINA BEACH, FL 32034**

9. Name and Address of New Registered Agent  
 Name  
**JACK C RUPPEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3614 VIA DEL MAR**  
 Suite, Apt. #, Etc.  
 City  
**FERNANDINA BEACH, FL** State  
**FL** Zip Code  
**32034**

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  
  
 REGISTERED AGENT MUST SIGN

Date **1/25/99**

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JACK C. RUPPEL**

**1/26/99** (904) 261-0910  
 Date Daytime Phone #

FILED  
 99 FEB - 1 AM 10:56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT** 17-99

4. Date Incorporated or Qualified To Do Business in Florida  
**11 Nov 1996**  
 5. FEI Number  
**59-3112033**  
 6. CERTIFICATE OF STATUS DESIRED  Applied For Not Applicable  
**\$8.75 Additional Fee required for a Certificate of Status**

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 -02/09/99--01054--017  
 \*\*\*1050.00 \*\*\*1050.00



CR2E081 \* 2-98