

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR -2 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 9600095458

1. Corporation Name

Bell Logistics Inc.

2. Principal Office Address

633 NE 167 Street

Suite, Apt. #, etc.

1101

City & State

North Miami, Florida

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip Country Zip Country

33162

USA

4. Date incorporated or Qualified
To Do Business in Florida

11/18/96

5. FEI Number

65-0790267

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

*REINST. 97-2000
KAB 3-20*

7. Name and Address of Current Registered Agent

Name

Kevin Bell

400003154634-0

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

633 NE 167 Street

~~03/02/00-01073-001~~

*****1208.75 ***1208.75**

Suite, Apt. #, Etc.

1101

City

North Miami, Beach, Florida

State
FL

Zip Code
33162

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

K Bell

Date

2/23/00

REGISTERED AGENT MUST SIGN

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
D	Neville Pedro	6200 Falls Circle Dr # 302	Lauderhill, FL 33162
D	Harriette Pedro	6200 Falls Circle Dr # 302	Lauderhill, FL 33162
PP	Martin O. Bell	6200 Falls Circle Dr # 302	Lauderhill, FL 33162

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:

Martin O Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

Date

305-651-0230

Daytime Phone #

CP2E081 (9/99)