

FILED

07 JUL 19 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000011907

1. Corporation Name

Trucking Logistics, Inc

2. Principal Office Address - No P.O. Box #
16820 SW 300 Street

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Homestead, FL

City & State

Zip **33030**

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 02/06/1997

5. FEI Number **650731171**

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	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 **Kenneth Keene**

Street Address (P.O. Box Number is Not Acceptable)
16850 112 Collins Avenue

Suite Apt. #, Etc.
151City
Sunny Isles Beach

State
FL

Zip Code
3160

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kenneth Keene

REGISTERED AGENT MUST SIGN

Date _____

07/16/07

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
SEC	Javier Torrens	1695 Osprey Bend	Weston, FL 33327
CEO	Kenneth Keene	16850 112 Collins Avenue, # 151	Sunny Isles Beach, FL 33160
			900106408209 SW-2 07/19/07 01050 008 **125.00
			07/19/07--01050--009 **250.00 900106408209
			07/19/07--01050--009 **250.00

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 contained in Chapter 119, 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:

Kenneth Keene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

G. Mitchell JUL 18 2007