

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 25 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000030160

1. Corporation Name

LOGISTICS INTERNATIONAL FORWARDING INC.

Principal Place of Business

8140 N.W. 74 AVENUE
SUITE 21
MEDLEY FL 33166

Mailing Address

8140 N.W. 74 AVENUE
SUITE 21
MEDLEY FL 33166

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1997

5. FEI Number

65-0745788

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03



000017115480

04/25/03--01082--024 **900.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	LOPEZ CALLEJA, ENRIQUE <i>DELETE</i>	10801 SW 85 AVE.	MIAMI FL 33166
DVT <i>P/T/D</i>	WRVES, ORESTES	7448 SW 148 PLACE 8140 NW 74 AVENUE	MIAMI FL 33193 MEDLEY, FL 33166
DVG	WRVES, ALDO <i>DELETE</i>	2431 S.W. 112 COURT	MIAMI FL 33165

8. Name and Address of Current Registered Agent

WRVES, ALDO
2431 SW 112 CT
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name

ORESTES WRVES

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

8140 NW 74 AVE

Suite, Apt. #, Etc.

SUITE 21

City

MEDLEY

State

FL

Zip Code

33166

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

4/21/03

11. 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] **ORESTES WRVES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/03

Daytime Phone #

305-8873355

CR2E040 (8/02)