

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB -7 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000045503

1. Corporation Name

U.S. CUSTOMS BROKERS AND LOGISTICS, INC.

2. Principal Office Address - No P.O. Box #

9870 MONTEGO BAY DR

3. Mailing Office Address

P.O. BOX 528052

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CUTLER BAY, FL

City & State

MIAMI, FL

Zip

33189

Country

USA

Zip

33152

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1997

5. FEI Number

650759897

☐ Applied For

☐ 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

MARILIN LARKEN

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

9870 MONTEGO BAY DR

Suite, Apt. #, Etc.

City

Cutler Bay

State

FL

Zip Code

33189

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **02/01/2012**

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	MARILIN LARKEN	9870 MONTEGO BAY DR	CUTLER BAY 33189

REINSTATEMENT

03-12

FEB 07 2012

R. HUNT

10. E-mail Address: **MLARKEN@GMAIL.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Handwritten Signature]
MARILIN LARKEN

02/01/2012

305-318-6656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marilyn B. Larken
P.O. Box 528052
Miami, FL 33152

Tel. (305) 318-6656
Fax. (775) 766-4779

mlarken@gmail.com

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

02/01/2012

To whom it may concern:

I Marilyn Larken, as registered agent and director for U.S. Customs Brokers & Logistics Co., document# P09000002910, currently inactive and admin dissolved on 09/23/2011, hereby renounce to any and all right s to this entity name.

Furthermore, as I am also the registered agent and director for the corporation, U.S. Customs Brokers and Logistics, Inc., document #P97000045503, I request it be reinstated per enclosed request.

Attached please find corporate reinstatement form as well as check for the amount owed.

Please contact me at (305) 318-6656 or mlarken@gmail.com should you have any questions or concerns.

Thank you,



Marilyn Larken

Director/Registered Agent for

U.S. Customs Brokers & Logistics Co., document# P09000002910

U.S. Customs Brokers and Logistics, Inc., document #P97000045503