

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 SEP -9 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**DOCUMENT #** P97000086740

**1. Corporation Name**

IN TOUCH LOGISTIC SERVICES, INC.

300007631583--4  
-09/10/02--01037--033  
\*\*\*\*758.75 \*\*\*\*758.75

**2. Principal Office Address**

1395 N.W. 167 Street

Suite, Apt. #, etc.

110

City & State

Miami, Florida

Zip

33169

Country

Dade

**3. Mailing Office Address**

P.O. BOX 640100

Suite, Apt. #, etc.

City & State

N. Miami Beach, FL

Zip

33164

Country

Dade

**REINSTATEMENT**

02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10-08-1997

**5. FEI Number**

65-0785509

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

SPIEGEL & UTRERA P.A.

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

1840 S.W. 22 STREET

Suite, Apt. #, Etc.

4Floor

City

MIAMI, FL

State

FL

Zip Code

33145

**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

REGISTERED AGENT MUST SIGN

Date

9/6/02

**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
PD	WAYNE DAVIS	1395 N.W. 167 Street	Miami, FL 33169
VD	NATHANIEL JACKSON	1395 N.W. 167 Street	Miami, FL 33169
SD	CLEVELAND ROBERTS 111	1395 N.W. 167 Street	Miami, FL 33169
TD	DERRAL HALL	1395 N.W. 167 Street	Miami, FL 33169
T	MARILYN DAVIS	1395 N.W. 167 Street	Miami, FL 33169

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

September 4, 2002 305-620-7948

CR2E081 (9/01)