

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC -2 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000088494

1. Corporation Name

Global Link Logistics, Inc.

2. Principal Office Address

2300 Henderson Mill Road

Suite, Apt. #, etc.

Suite 208

City & State

Atlanta, Georgia

Zip

30345

Country

Dekalb

3. Mailing Office Address

2300 Henderson Mill Road

Suite, Apt. #, etc.

Suite 208

City & State

Atlanta, Georgia

Zip

30345

Country

Dekalb

REINSTATEMENT

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

10/13/1997

5. FEI Number

59-3471758

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

Jeanine Reynolds

Jeanine Reynolds
as its agent

Date

12-2-02

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
P/D	Chad Rosenberg	2300 Henderson Mill Road, Suite 208	Atlanta, Georgia 30345
			800009299378

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:

President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/02
Date

(707) 88-2657
Daytime Phone #

CR2E081 (9/01)

2082



ACCOUNT NO. : 072100000032

REFERENCE : 838496 4371512

AUTHORIZATION

COST LIMIT

Patricia Pigato
\$ 1208.75

ORDER DATE : December 2, 2002

ORDER TIME : 11:39 AM

ORDER NO. : 838496-005

CUSTOMER NO: 4371512

CUSTOMER: J. Brennan Ryan
Nelson Mullins Riley &
First Union Plaza Suite 1400
999 Peachtree St Ne
Atlanta, GA 30309

File

DOMESTIC FILINGS

NAME: GLOBAL LINK LOGISTICS, INC.

RECEIVED
02 DEC -2 PM 1:02
DEPARTMENT OF STATE
DIVISION OF COMMERCE
FBI/ATLANTA, FL 07010

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

NOTES: Please see attached request. Client also wants
certified copies of articles and amendments on file.

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____