

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FORM  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAY -3 PM 5:20

STATE  
FLORIDA

DOCUMENT # 297000091022

1. Corporation Name  
WARLOCK, INC d/b/a LOGISTIX

Principal Place of Business  
93 MELROSE AVE  
ORLAND BEACH, FL  
32178

Mailing Address

REINSTATEMENT

99-26  
5/3/99

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

2. New Principal Office Address, If Applicable  
309 DIVISION AVENUE

City & State  
ORLAND BEACH, FL

Zip  
32173-0899

3. New Mailing Office Address, If Applicable  
40 MELISSA CLARK DALEY  
SUITE, APT #, ETC THE CARRIAGE HOUSE  
4807 BAYSHORE BLVD

City & State  
TAMPA, FL

Zip  
33611

4. Date Incorporated or Qualified To Do Business in Florida

5. FID Number  
59-3476399

6. CERTIFICATE OF STATUS DESIRED

Applied For  
Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

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

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
P/D	WILLIAM H. JONES, JR.	8 TWELVE OAKS	ORLAND BEACH, FL 32174
D	JAN L. JONES	8 TWELVE OAKS	ORLAND BEACH, FL 32174
VP/T	EDWARD ROBERTSON	991 SMOKEHOUSE BLVD	POET ORLAND, FL 32119

8. Name and Address of Current Registered Agent

JILL M GRASAT ESQ  
ZUCKERMAN, SP AEDER  
201 S. BISCAYNE BLVD.  
MIAMI CENTER SUITE 900  
MIAMI, FL 33131

9. Name and Address of New Registered Agent

Name  
MELISSA CLARK DALEY, ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
4807 BAYSHORE BLVD  
Suite, Apt #, Etc  
THE CARRIAGE HOUSE  
City  
TAMPA  
State  
FL  
Zip Code  
33611

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0509, F.S.

Signature of Registered Agent  
Melissa Clark Daley  
REGISTERED AGENT MUST SIGN

Date  
March 1, 1999

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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 taxes 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)(a), 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM H JONES, JR 4-6-99 (904) 257-1860  
Date Daytime Phone