

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY 16 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108048

1. Corporation Name

LOGISTIC FINANCE CORP

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

8212 NW 30 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

8212 NW 30 TERR

Suite, Apt. #, etc.

City & State

DORAL, FLORIDA

City & State

DORAL, FLORIDA

Zip

33122

Country

DADE

Zip

33122

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1997

5. FEI Number

65-0805624

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
VAISER, OFRA

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

8212 NW 30 TERR

Suite, Apt. #, Etc.

City
DORAL

State
FL

Zip Code
33122

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **04/30/2007**

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	VAISER, OFRA	8212 NW 30 TERR	DORAL, FLORIDA 33122
D	TELIAS, MYRIAM	8212 NW 30 TERR	DORAL, FLORIDA 33122

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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 contained in Chapter 119, 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

MAY 14 2007

Date

Daytime Phone #