

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P98000030943

1. Corporation Name

Action Freight + Logistics, USA, Inc.

2. Principal Office Address

415 Pablo Ave.

Suite, Apt. #, etc.

Suite-102

City & State

Jacksonville Beach, Florida

Zip

32250

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville Beach, Florida

Zip

Country

7. Name and Address of Current Registered Agent

Name

Howard A. Caplan, Attorney, P.A.

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

3900 Atlantic Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**REINSTATEMENT 01**

4. Date Incorporated or Qualified  
To Do Business in Florida

4-1-98

SP

5. FEI Number

593505468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

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

*Howard A. Caplan* President

Date 4/12/01

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, P, S, T	Janet Dertwight	415 Pablo Ave, Suite 102	Jacksonville Beach, FL 32250
D, V	Howard A. Caplan	3900 Atlantic Blvd.	Jacksonville, FL 32207
V	Donna Twyford	415 Pablo Ave, Suite 102	Jacksonville Beach, FL 32250

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:** *Howard A. Caplan, VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

904-346-1670

Date

Daytime Phone #