PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE LOGIC

## APPLICATION FOR



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **DOCUMENT#**

P98000057857

Corporation Name

Principal Place of Business

XL LOGISTIX, INC.

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2269 S. UNIVERSITY DR. #333 FORT LAUDERDALE FL 33324 2269 S. UNIVERSITY DR. #333 FORT LAUDERDALE FL 33324 FILED

00 NOV -3 AM 9: 26

SECRE MARY OF STATE TALLAHASSEE, FLORIDA



Suite, Apt. #, etc. Suite,			New Mailing Office Address, If Applicable  Suite, Apt. #, etc.  City & State		Date Incorporated or Qualified     To Do Business in Florida     06/29/1998		
					5. FEI Number Applied Fo. 65-0847601 Not Applied		Applied For
							p
Names	and Street Addresses of Each Officer an	d/or Director (F	lorida nonprofit corpora	tions must list at	least 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Eac Officer and/or Director			City / State / Zip	
Р	SCHUKNECHT, GREGORY E		5336 SW HANCOCK RD.			FORT LAUDERDALE FL 33330	
P	SCHOENING, DENNIS		2200 S. UNIVERSITY DR. 333		NOOP	FORT LAUDERDALE FL 33324	
						0000348 -12/05/00 ****150.0	5604 -01013005 0 ****150.00
			DU UBR 18				
	8. Name and Address of Curre	t Registered A	gent		9. Name and	Address of New Registere	ed Agent
				Name			
	DENING, DENNIS		Street Address (P.O. Box Number is Not Acceptable)				
2269 S. UNIVERSITY DR. #333 FORT LAUDERDALE FL 33324				Suite, Apt. #, Etc.			·
				City			ate Zip Code
0. I, bein	g appointed the registered agent of the a	beve Named con	rporation, am familiar w	th and accept the	e obligations of Sec	tion 607.0505, F.S.	
ignature egistered	Agent /	REGISTERED A	AGENT MUST SIGN			Date Date	00
this rei	y that I am an officer or director or the reconstatement application, the reason for diepy the corporation have been paid and the application is true and accurate, and my	ssolution has be e names of indiv	en eliminated, the corpo viduals listed on this for	orate name satist m do not qualify	ies the requirement for an exemption u	is of section 607.0401 or 61	7.0401, F.S., that all fees

To Whom it may concern,

Please except my \$150.50 Payment, I am some you have heard this before but my company has been under some financial stress as well as loosing my employer that handles there matters,

I will be sure to be on time next year. Thank you in adeance for your consideration Ley Lhampresdeed

954-965-9350