

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND

FILED
Apr 25, 2001 8:00 A.M.
Secretary of State

DOCUMENT # P99000032392

1. Corporation Name

COMCAR LOGISTICS, INC.

Principal Place of Business

Mailing Address

502 EAST BRIDGERS AVENUE
AUBURNDALE FL 33823

502 EAST BRIDGERS AVENUE
AUBURNDALE FL 33823



REINSTATEMENT 00-01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3587678

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HAGEN, MICHAEL	502 EAST BRIDGERS AVENUE	AUBURNDALE FL 33823
EXV	R. MARK BOSTICK	502 EAST BRIDGERS AVENUE	AUBURNDALE FL 33823
VT	JACOBS, MILTON	502 EAST BRIDGERS AVENUE	AUBURNDALE FL 33823
SD	READY, BILLY R	502 EAST BRIDGERS AVENUE	AUBURNDALE FL 33823
			400004212564--7 -05/11/01--0118--008 ****999.00 ****999.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

BRIAN COURTNEY, ASST. V.P.

Date

4-16-01

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy R. Ready, Sec 2/2/01

Date

Daytime Phone #

813-965-6878

MW