

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 18 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000067947

1. Corporation Name

JET LOGISTICS, INC.

2. Principal Office Address

9437 Corporate Lake Drive

Suite, Apt. #, etc.

City & State

Tampa

Zip

FL

Country

33634

3. Mailing Office Address

c/o J. Gluckman, P.A.

Suite, Apt. #, etc.

707 N. Franklin St., 4th Floor

City & State

Tampa

Zip

FL

Country

33602

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

July 30, 1999

5. FEI Number

59-3618342

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

Jeremy E. Gluckman, Esquire

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

707 N. Franklin Street

Suite, Apt. #, Etc.

Fourth Floor

City

Tampa

State

FL

Zip Code

33602

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

Jeremy E. Gluckman
REGISTERED AGENT MUST SIGN

Date

10/14/03

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
DPT	Ormerod, Thomas C.	9437 Corporate Lake Drive	Tampa, FL 33634
S	Ormerod, Bonnie M.	9437 Corporate Lake Drive	Tampa, FL 33634

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C. ORMEROD

Date

11/3/03

Daytime Phone #

727-641-7514

CR2E081 (10/02)

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