PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

LOGISTICS SERVICES OF BOCA, INC.

Principal Place of Business

Mailing Address

22095-BOCA-PLACE-DR: #516 BOCA-RATON-FL: 33433 22085-BOCA-PLACE-DR. #516 BOCA-RATON-EL 33433 FILED

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SECRETARY OF STATE TARRAMAN SEE. FRORIDA



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If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 7465 SAN SEBASTIAN OR 3. New Mailii 7465 Suite, Apt. #, etc.			ng Office Address, If Applicable DR.		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For		
City & State	RATON, FL	City & State	RATUR		65-0	9444899	Not Applicable Additional Fee required
334	133 05	334	33	0>	<u> </u>	OF STATUS DESIRED [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		Street Address of Each Officer and/or Director			City / State / Zip	
PD	SINICROPE, MARTIN J		22995 BOCA PLACE DR, #516		BOCA RATON FL 33433		
			7465 SANSEBASTIAN PR				
						00003481; -11/30/000 ****750.00	2206 1048014 ****750.00
							LS
				,			
8. Name and Address of Current Registered Agent					9. Name and A	Address of New Registered A	gent
				Name			
SINICROPE, MARTIN J 2 2095-BOCA PLACE DR, #516 B OCA RATON FL 3343 3				Street Address (P.O. Box Number is Not Acceptable) 7465 SAN SEBASTIAN OR Suite, Apt. #, Etc.			
_				BOCA 1	CATON	State FL	33433
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 Matter Agent REGISTERED AGENT MUST SIGN Date 10 - 19-00							
this rein	that I am an officer or director or the receivant statement application, the reason for disso y the corporation have been paid and the re application is true and accurate, and my sign	olution has been names of individ	eliminated, the luals listed on th	corporate name satisfie his form do not qualify fo	s the requirements or an exemption un	s of section 607.0401 or 617.040)1, F.S., that all fees

SIGNATURE:

Marting June REQUER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-00

561-416-0258

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Daytime Phone #