

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 15 AM 10: 58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000090924**

1. Corporation Name

JENA LOGISTIC CORP.

Principal Place of Business Mailing Address
~~1975 NW 89TH CT. BAY 6 MIAMI FL 33172~~ **1375 NW 89TH CT. BAY 6 MIAMI FL 33172**



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

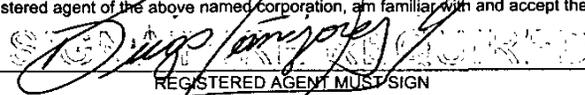
2. New Principal Office Address, If Applicable 16620-21 Saddle Club Rd. Weston FL		3. New Mailing Office Address, If Applicable P.O. Box 172535		4. Date Incorporated or Qualified To Do Business in Florida 10/15/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0954165	
City & State Weston FL		City & State Mialeah, FL		Applied For SP	
Zip 33326		Country USA		Not Applicable	
Zip 33017		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

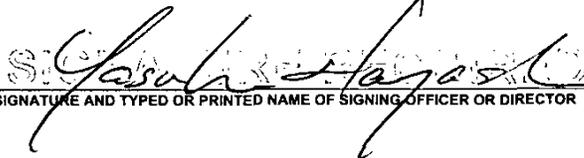
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HAYASHI, RICHARD Yasuhiko	16020-22 SADDLE CLUB ROAD 19500 NW 62 Place	WESTON FL 33326 Miami, FL 33015
			600003505976--9
			-12/19/00-01066-002
			****750.00 ****750.00

8. Name and Address of Current Registered Agent CANIZARES, DIEGO G 1975 NW 89TH CT. BAY 6 MIAMI FL 33172		9. Name and Address of New Registered Agent Name Diego G Canizares Street Address (P.O. Box Number is Not Acceptable) 19500 NW 62 Place Suite, Apt. #, Etc. Miami State FL Zip Code 33015	
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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:  **REGISTERED AGENT MUST SIGN** Date: **12/14/00**

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:  **S. Yasuhiko Hayashi** Date: **12/14/00** Daytime Phone #

CR2E040 (8/00)