

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 AM 10:01

DOCUMENT # P99000110023
1. Corporation Name Freightstats INC

2. Principal Office Address 2763 Challenger Drive
3. Mailing Office Address 2763 Challenger Drive
Suite, Apt. #, etc. - Suite, Apt. #, etc. -

City & State Palm Harbor, FL City & State Palm Harbor, FLORIDA
Zip 34683 Country Pinellas Zip 34683 Country

900004657909--1
-10/29/01--01091--007
****150.00 ****150.00

4. Date Incorporated or Qualified To Do Business in Florida 12/17/99
5. FEI Number 59-3620560 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name WERNER Buchholz
Street Address (P.O. Box Number is Not Acceptable) 2763 Challenger Drive
Suite, Apt. #, Etc.
City Palm Harbor State FL Zip Code 34683

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 [Signature] Date 10/15/2001
REGISTERED AGENT MUST SIGN

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
President	Werner Buchholz	2763 Challenger Drive	Palm Harbor, FL 34683

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] Werner Buchholz 10/15/2001 727-736-4749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED81 (2/00)

MAY WE HAVE YOUR COMMENTS?

Our mission is to provide a broad centralized registry of commercial and financial filings and to provide quality information services regarding those filings.

Please assist us by evaluating the services we provide.

- | | Poor | Fair | Good | Excellent |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Telephone/Personal Interaction: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Speed of Service: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Quality of Service: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Convenience of Service: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us how we may serve you better.

Reinstatement fee Waiver.

Please tell us what additional services you would like to see us provide.

*Please have the Reinstatement fee withdrawn
as I have never received copies
of the Uniform-Business Report.*

Thanks

*Wenner Farchholz - Wee BQQ
Resident/Brightstars*

Your cooperation in completing this survey is greatly appreciated. Please feel free to call us any time between 8:00 a.m. and 5:00 p.m. Monday through Friday, at 850/487-6000 with a particular concern or comment. Please return the completed survey to:

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314