


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000113484 1. Entity Name PRIME TRUCKING, LLC	
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FILED

09 APR -7 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1881 S. KIRKMAN ROAD 727 ORLANDO, FL 32811	Mailing Address 1881 S. KIRKMAN ROAD 727 ORLANDO, FL 32811
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2. Principal Place of Business - No P.O. Box # <i>3090 Anquilla Ave</i> Suite, Apt. #, etc. <i>Clermont FL</i> City & State	3. Mailing Address <i>3090 Anquilla Ave</i> Suite, Apt. #, etc. <i>Clermont FL</i> City & State
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03092009 REIN-LLC CR2E101 (1/07)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CLINCY, PAMELA 1881 S. KIRKMAN ROAD 727 ORLANDO, FL 32811	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Address: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, KEVON G	NAME	3090 Anquilla Avenue
STREET ADDRESS	1881 S. KIRKMAN ROAD #727	STREET ADDRESS	Clermont FL 34711
CITY-ST-ZIP	ORLANDO, FL 32811	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Address: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINCY, PAMELA	NAME	3090 Anquilla Avenue
STREET ADDRESS	1881 S. KIRKMAN ROAD #727	STREET ADDRESS	Clermont FL 34711
CITY-ST-ZIP	ORLANDO, FL 32811	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	600148550476
STREET ADDRESS		STREET ADDRESS	04/03/09--01004--032 **\$277.50
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT	NAME	
STREET ADDRESS	08-09	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DBruce	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: Pamela Clin 3/ / 09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #