


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL -6 AM 10:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000048672

1. Corporation Name
THREE SONS TRUCKING INC

2. Principal Office Address 80 WINTER RIDGE CIRCLE		3. Mailing Office Address 80 WINTER RIDGE CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32835	Country UNITED STATES	Zip 32835	Country UNITED STATES

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 04-3656596	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ABDOOL SHADIK O.K.

Street Address (P.O. Box Number is Not Acceptable)
80 WINTER RIDGE CIRCLE

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32835

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 _____ Date _____

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
PD	ABDOOL SHADIK O.K.	80 WINTER RIDGE CIRCLE	ORLANDO FL 32835

000038493040
07/01/04--01007--004 **300.00

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: Abdoool O. Shadik 6-28-04 321-231-2320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

June 28, 2004 2004

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

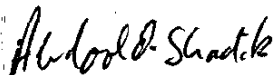
Dear Sir/Madam:

Re: THREE SONS TRUCKING, INC.
Document #: P02000048672

We did not receive our prior uniform business report notices for year 2003 and 2004 and would like the reinstatement fees to be waived and our corporation reinstated. Enclosed, is our completed application for re-instatement and our check in the amount of \$300.00 which represents the filing fees for years 2003 and 2004.

Your assistance is greatly appreciated.

Sincerely



Abdool O.K. Shadik
President