

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000116571 1. Entity Name A.Q.A. TRUCKING, INC.			FILED 07 OCT -5 PM 2:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 4455 PHILADELPHIA CIR KISSIMMEE, FL 34746		Mailing Address 4455 PHILADELPHIA CIR KISSIMMEE, FL 34746	
2. Principal Place of Business - No P.O. Box # 4851 lakes Edge lane Suite, Apt. #, etc. KISSIMMEE FL-3 City & State	3. Mailing Address 4851 lakes Edge lane Suite, Apt. #, etc. KISSIMMEE City & State FL	 REINSTATEMENT 2007 <small>0925200701 REIN-R CR2E09811/04</small>	
Zip 34744	Country Osceola	4. FEI Number 20-1475005	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent KHAN, DAVID R 4455 PHILADELPHIA CIR KISSIMMEE, FL 34746	
7. Name and Address of New Registered Agent Name David R. Khan Street Address (P.O. Box Number is Not Acceptable) 4851-lakes Edge lane City KISSIMMEE FL Zip Code 34744		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME KHAN, DAVID R STREET ADDRESS 4455 PHILADELPHIA CIR CITY-ST-ZIP KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	TITLE 700110329207 STREET ADDRESS 10/05/07--01014--028 CITY-ST-ZIP **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: David Richard Khan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		10-1-07 646361-1237 <small>Date Daytime Phone #</small>	