

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P950000 6243

1. Corporation Name
JSK TRUCKING INC
13005 SAN ANTONIO WDS LN.
ORLANDO, FL 32824

2. Principal Office Address
13005 SAN ANTONIO WDS LN.
 Suite, Apt. #, etc. WDS LN.
 City & State ORLANDO, FL
 Zip 32824 Country ORANGE

3. Mailing Office Address
13005 SAN ANTONIO WDS LN.
 Suite, Apt. #, etc.
 City & State ORLANDO, FL
 Zip 32824 Country ORANGE

FILED
 02 MAY 31 PM 12:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida 1/20/1995

5. FEI Number 59-329-5961 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name ANTONIO L. HENRIQUES

Street Address (P.O. Box Number is Not Acceptable) 13005 SAN ANTONIO WDS LN.

Suite, Apt. #, Etc.

City ORLANDO, FL State FL Zip Code 32824

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 ***900.00 ***900.00

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 5/28/2002

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
P	ANTONIO HENRIQUES	13005 SAN ANTONIO WDS LN.	ORLANDO, FL 32824
VP	JANE HENRIQUES	13005 SAN ANTONIO WDS LN.	ORLANDO, FL 32824

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] Date 5/28/02 Daytime Phone # (407) 226-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E01 (9/01)