

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN -4 PM 4:01

CORPORATION REINSTATEMENT 2002

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

DOCUMENT #P96000008558

1. Corporation Name
BLUE JAY TRUCKING, INC. W02-14469

2. Principal Office Address
7850 SW 163 PL

3. Mailing Office Address
7850 SW 163 PL

City & State
MIAMI, FL

Zip
33193 Country
USA

REINSTATEMENT 02-02

4. Date Incorporated or Qualified To Do Business in Florida
01/26/1996

5. FEI Number **65-0647365** 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
ALEXANDER MONTOYA

Street Address (P.O. Box Number is Not Acceptable)
7850 SW 163 PL 500005694595-4
~~06/06/02-81854-012~~

Suite, Apt. #, Etc.
*****1350.00 ***1350.00**

City
MIAMI, FL State **FL** Zip Code **33193**

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.

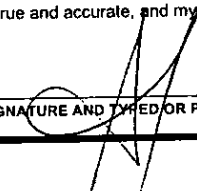
Signature of Registered Agent _____ Date **05-28-02**

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	ALEXANDER MONTOYA	7850 SW 163 PL	MIAMI, FL 33193

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:  Date **05/03/02** Daytime Phone # **305-793-9165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

6/5/02
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