PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ARTICLES APPROVED AND FILED

97 OCT 17 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000017807

1. Corporation Name

CONSOLIDATED TRANSPORT, INC.

Principal Place of Business	Mailing Address
1885 N.W. 9TH ST. DELRAY BEACH, FL. 33445	1885 NW 9TH ST. DELRAY BEACH, FL. 33445

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	210 CAPTAINS WALK Suite, Apt. #, etc. 711	2/27/96
City & State	City & State DELRAY BEACH, FL.	5. FEI Number 65-0643175 (Applied For / Not Applicable)
Zip / Country	Zip / Country 33483 / U.S.A.	6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	H. NOLTE MCCARTHY	1885 N.W. 9TH ST.	DELRAY BEACH, FL. 33445
S	THOMAS Y. LOVERN, III	210 CAPTAINS WALK, #711	DELRAY BEACH, FL. 33483
		REINSTATEMENT 1997	
			A. Allen
			10/17/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
H. NOLTE MC CARTHY 1885 N.W. 9TH STREET DELRAY BEACH, FL. 33445	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code: FL

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****758.75 ****758.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: H. Nolte McCarthy 10/16/97 Date: 10/16/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. THOMAS Y. LOVERN, III

SIGNATURE: Thomas Y. Lovern III 10/16/97 954-570-9790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #