2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000000607

Address:

City-St-Zip:

515 S. LINDER

MERIDIAN, ID 83642

Entity Name: SNOLINE EXPRESS, INC.

FILED Oct 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 303 ROEDEL AVE CALDWELL, ID 83605 **Current Mailing Address: New Mailing Address:** 303 ROEDEL AVE CALDWELL, ID 83605 FEI Number: 82-0435728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILFORT, TAVARES KOWALSKY, TED 1758 NW 82 AVE, 1758 NW 82 AVE, US MIAMI, FL 33196 MIAMI, FL 33196 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. SIGNATURE: TED KOWALSKY 10/11/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete Title: () Change () Addition DIEBEL, EVA LOU C Name: Name: 1130 ORCHARD LOOP ROAD Address: Address: TROY, ID 83871 City-St-Zip: City-St-Zip: Title: VD Title: () Change () Addition () Delete Name: DIEBEL, E. BOYD Name: 1130 ORCHARD LOOP ROAD Address: Address: TROY, ID 83871 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition MORRIS, LIZA L Name: SWANK, KIM Name: 2218 E GREINER ST. 303 ROEDEL AVENUE Address: Address: City-St-Zip: MERIDIAN, ID 83642 City-St-Zip: CALDWELL, ID 83605 Title: (X) Delete Title: () Change () Addition SANGSTER, BRENDA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: EVA LOU C DIEBEL **PCD** 10/11/2005