PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 27 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002344

1. Corporation Name

OX CART TRUCKING, INC.

2. Principal Office Address	3. Mailing Office Address
PO BOX 360285	PO BOX 360285
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE FL	City & State: MELBOURNE, FL.
Zip: 32936-0285 Country: BREVARD	Zip: 32936-0285 Country: BREVARD

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 36-3870173 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ESSICK, GRACE

Street Address (P.O. Box Number is Not Acceptable): 1 COLONIAL WAY

400014851724
03/27/03 01088 005 **300.00

Suite, Apt. #, Etc.:

City: INDIAN HARBOUR BEACH, State: FL Zip Code: 32937

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: Grace Essick
REGISTERED AGENT MUST SIGN

Date: 24 March 2003

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
PCD	FRANK LOMBARDO	1125 SEMINOLE DRIVE	I.H.B. FL. 32937
S	CHARLOTTE LOMBARDO	1125 SEMINOLE DRIVE	I.H.B. FL. 32937

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: Charlotte Lombardo 3/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JP 4/1

OX CART TRUCKING, INC.
P.O. BOX 360285
MELBOURNE, FLORIDA 32936-0285
PHONE: 321/638-4906
FAX: 321/634-6826

March 24, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32314

To Whom It May Concern:

Regretfully, this is a late filing for the Corporation Reinstatement due to our company never received the Uniform Business Report for the year 2002.

Enclosed fine check for years 2002 and 2003. Amount $300.00 Thank you

Sincerely,

Charlotte Lombardo