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(Re	questor's Name)	
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PICK-UP		MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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10/27/04--01031--002 **78.75

FILED 2004 OCT 27 PH 1: 19 2004 OCT 27 PH 1: 19 ALLAHASSEE, FLORIDA

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Office Use Only

J. BRYAN OCT 2 9 2004



Carporate Offic. 800 Lone Oak Road Eagan, MN 55121 Mailing Address P.O. Box 64110 St. Paul, MN 55164-0110 651-688-2000 • 800-366-9000

Dallas Operating Center 2820 Danieldale Road Lancaster, TX 75134 Mailing Address P.O. Box 764188 Dallas, TX 75376-4188 972-299-5151 • 800-733-5151

October 21, 2004

Florida Department of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re: Advantage Transportation, Inc.

Enclosed please find an original and one copy of Application by Foreign Corporation for Authorization to Transact Business in Florida along with a Certificate of Good Standing and our check in the amount of \$78.75. Please acknowledge receipt of this filing by stamping the additional copy of this application as received and returning in the selfaddressed, stamped envelope provided. Please submit a certified copy of the filing to us.

Thank you for your courteous handling of this matter.

Sincerely,

ADVANTAGE TRANSPORTATION, INC.

Barbara Casey Legal Department

Enclosures (4)

FILED 7

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

 SUBJECT:
 Advantage Transportation, Inc.

 (Name of corporation - must include suffix)

Dear Sir or Madam:

. .'

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

 Barb Casey	
 (Name of Person)	100
Dart Transit Company	Et B T
(Firm/Company)	ILS N F
 P. O. Box 64110	ISSO T T
(Address)	HRIPO I
 St. Paul, MN 55164	
(City/State and Zip code)	NOW

For further information concerning this matter, please call:

 Barb Casey
 at (651)
 683-1282

 (Name of Person)
 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee

□ \$78.75 Filing Fee & Certificate of Status MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

⊠ \$78.75 Filing Fee &

Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy

LEGAL DEPT

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APPLIC	ATION BY FOREIGN CORPO BUSIN	RATION FOI ESS IN FLOI		N TO TRÀ	NSACT
	E WITH SECTION 607.1503, FLOR REIGN CORPORATION TO TRANS				D TO
1	Advantage Tra				,
(Enter name of c "Inc.," "Co.," "C	corporation; must include "INCORPOR corp," "Inc," "Co," or "Corp.")	ated," "Comp.	ANY," "CORPORATION	E. JALLAHP	MIN OCT PT
(If name unavail	able in Florida, enter alternate corporate	name adopted fo	r the purpose of transacting	g business in F	
2	Minnesota	3	41-1827482		- TUR
(State or country	under the law of which it is incorporated	d)	(FEI number, if appl	icable)	OPIN
4	1/11/96				
(Date	of incorporation)		perpetual ; Year corp. will cease to	exist or "perp	tual")
6. <u>Upon Qu</u> a	e of incorporation) alification (Date first transacted bus) (SEE SECTIONS 607.1501 &	(Duration iness in Florida, i 607.1502, F.S., to	f prior to registration)		etual")
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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company By: \sim (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	A.	DIRECTORS
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Chairmar	n:	<u> </u>		<u>.</u>	<u> </u>			<u> </u>		<u> </u>	
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Director:	Donald G. Oren		<u> </u>			<u></u>			7 27	<u> </u>	
Address:	800 Lone Oak Road		* <u>-</u>			· · ·	<u>به د</u>		, *		
	Eagan, MN 55121		· · ·					5	F. 5	2	
Director:	Beverly J. Oren					<u>. </u>	<u></u>		75	=	,
Address:	800 Lone Oak Road		<u> </u>		<u> </u>	<u> </u>	<u>"</u>			ر	
	Eagan, MN 55121					<u>. </u>		<u></u>	يىدى بىرىد	<u>.</u> -	-
B. OFF		-									•
President	Donald G. Oren		 		- · · -	-		- TA	:	<u></u>	-
Address:	800 Lone Oak Road				<u></u>	<u> </u>		<u> </u>		<u> </u>	Ťī.
•	Eagan, MN 55121								·		- ,
Vice Pres	ident: Beverly J. Oren		`			<u>_</u>					
Address:	900 Long Oak Road					<u> </u>	<u></u>				 12
-	Eagan, MN 55121	<u>.</u>	<u></u>		 1	· <u> </u>		- · .	. <u> </u>		
Secretary	Scott Buchanan			<u> </u>					å	<u>.</u> 15	<u>-</u>
	800 Lone Oak Road, Eagan, MN	55121							<u> </u>	<u> </u>	
Treasurer	· · · · · · · · · · · · · · · · · · ·		<u> </u>			<u></u>	÷ ·			=	, *
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NOTE	If necessary, you may attach an addendu	um to the annlic	vation list	ino add	itional of	ficers	md/or d	irectors	s.		
	OTTA 1										
13	(Signature of Director or C	Officer listed in	number 1	2 of th	e applica	tion)	. , .4r		is i	<u>.</u>	.

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Scott Buchanan, Assistant Secretary (Typed or printed name and capacity of person signing application)

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