


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000000144 1. Entity Name CARLYLE VAN LINES, INC.	
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FILED
07 OCT 17 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 801 WEST YOUNG WARRENSBURG, MO 64093	Mailing Address 801 WEST YOUNG WARRENSBURG, MO 64093
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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REINSTATEMENT

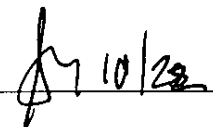
6. Name and Address of Current Registered Agent LESKY, CRAIG 3009 NW 25TH AVE. POMPANO BEACH, FL 33069	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 43-1216832	Applied For <input type="checkbox"/> Not Applicable
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete CARLYLE, ROY H	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 800110871138 10/17/07--01005--006 **163.75 </div>
NAME	600 DARROW	NAME	
STREET ADDRESS	WARRENSBURG, MO 64093	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete CARLYLE, BILL F JR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	249 SW 21	NAME	
STREET ADDRESS	WARRENSBURG, MO 64093	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete FOCKLER, TERRY JEAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	645 NW 100 CENTERVIEW	NAME	
STREET ADDRESS	WARRENSBURG, MO 64019	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  VICE PRESIDENT	Date 10/10/07	Daytime Phone # (800) 356-4194
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