## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F06000000050

Entity Name: AARTMAN TRANSPORT CORPORATION

FILED Nov 21, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 745 666 GRAND AVE RIPON, CA 953660745 DES MOINES, IA 50309 **Current Mailing Address: New Mailing Address:** P.O. BOX 745 666 GRAND AVE RIPON, CA 953660745 DES MOINES, IA 50309 FEI Number: 94-2454694 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: CT CORPORATION SYSTEM AARTMAN, JIM 1500 EAST CANAL ST. 1200 SOUTH PINE ISLAND ROAD MULBERRY, FL 33860 US PLANTATION, FL 33324 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: TROY DEJOODE 11/21/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PRFS (X) Change ( ) Addition AARTMAN, JIM Name: Name: AARTMAN, JAMES 10661 E. GRAVES RD 805 LOCUST STREET Address: Address: City-St-Zip: MANTECA, CA 95336 City-St-Zip: RIPON, CA 95366 Title: VICE (X) Change ( ) Addition Title: () Delete AARTMAN, ADRIAN Name: Name: AARTMAN, ADRIAN 501 WELLS LN 805 LOCUST STREET Address: Address: RIPON, CA 95366 RIPON, CA 95366 City-St-Zip: City-St-Zip: Title: SECR Title: ( ) Delete (X) Change ( ) Addition AARTMAN, TOM DEJOODE, TROY Name: Name: 805 LOCUST AVE 666 GRAND AVE Address: Address: City-St-Zip: RIPON, CA 95366 City-St-Zip: DES MOINES, IA 50309 Title: () Delete Title: **TREA** ( ) Change (X) Addition DEJOODE, TROY Name: Name: Address: Address: 666 GRAND AVE City-St-Zip: City-St-Zip: DES MOINES, IA 50309 Title: Title: ( ) Change (X) Addition ( ) Delete RUAN III, JOHN Name: Name: Address: Address: 666 GRAND AVE DES MOINES, IA 50309 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: TROY DEJOODE TREA 11/21/2007