
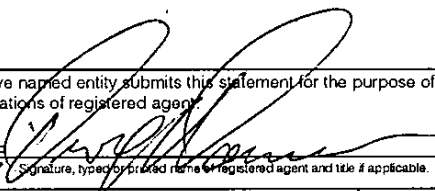
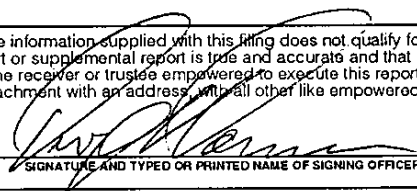


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN -4 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003661			
1. Entity Name <b>ANDREWS TRUCKING CO.</b>			
Principal Place of Business <del>3142 C ROAD</del> <del>LOXAHATCHEE, FL 33470</del> -- US		Mailing Address PO BOX 11051 RIVIERA BCH, FL 33419 US	
2. Principal Place of Business <b>3283 SW 17TH ST,</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 3172</b> Suite, Apt. #, etc.	
City & State <b>OKEECHOBEE, FL</b>		City & State <b>OKEECHOBEE, FL</b>	
Zip <b>34974</b>		Country <b>USA</b>	
4. FEI Number <b>06-1320532</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOWNIE, DWIGHT A <del>3142 C RD</del> <del>LOXAHATCHEE, FL 33470</del>		Name Street Address (P.O. Box Number is Not Acceptable) <b>3283 SW 17TH STREET</b> City <b>OKEECHOBEE FL</b> Zip Code <b>34973</b>	
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 		DATE <b>12/28/04</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOWNIE, DWIGHT A <del>3142 C RD</del> <del>W. PALM BCH, FL 33407</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3283 SW 17TH STREET</b> <b>OKEECHOBEE, FL 34973</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOWNIE, SONIA F <del>3142 C RD</del> <del>LOXAHATCHEE, FL 33470</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3283 SW 17TH STREET</b> <b>OKEECHOBEE, FL 34973</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300043830168</b> <b>01/04/05--01002--006 **\$150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date <b>DWIGHT DOWNIE, PRESIDENT 12/28/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>561-662-5163</b>	

REINSTATEMENT

12/28/04