


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H73013		
1. Entity Name SUNCOAST TRANSPORTATION BROKERS, INC.		

FILED
06 APR 12 PM 1:54

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 15000 U.S. HWY 301 NORTH DADE CITY, FL 33523	Mailing Address 15000 U.S. HWY 301 NORTH DADE CITY, FL 33523
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2. Principal Place of Business 15000 Citrus Country Dr Suite, Apt. #, etc. Suite 202 City & State Dade City, FL Zip 33523-2401	3. Mailing Address P.O. Box 97 Suite, Apt. #, etc. City & State Dade City, FL Zip 33526-0097
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03242006 REIN-P CR2E098 (11/05) 05-06

4. FEI Number
59-2581142

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REESE, BEN 15000 U.S. HWY 301 NORTH DADE CITY, FL 33523	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15000 Citrus Country Dr. Suite 202 City Dade City, FL Zip Code 33523-2401	
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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 Ben Reese BEN REESE 03/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO VILJOEN, GARY 15000 US HIGHWAY 301 NORTH DADE CITY, FL 33523 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Ben Reese 15000 Citrus Country Dr Suite 202 Dade City, FL 33523-2401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO MINTON, JOHN 15000 US HIGHWAY 301 NORTH DADE CITY, FL 33523 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Jack Sonthheimer 15000 Citrus Country Dr Suite 202 Dade City, FL 33523-2401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary Viljoen 3108 Chestnut Forest Dr Tampa, FL 33618 <input type="checkbox"/> Change <input checked="" 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
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 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: Ben Reese BEN REESE 03/28/06 352-531-7221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #