

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000017170

Entity Name: K.A.T. TRANSPORT,LLC.

FILED
Jan 18, 2006
Secretary of State

Current Principal Place of Business:

4420 LAFAYETTE AVE
SEBRING, FL 33872

New Principal Place of Business:

119 KAROLA DR.
SEBRING, FL 33870

Current Mailing Address:

4420 LAFAYETTE AVE
SEBRING, FL 33872

New Mailing Address:

P.O. BOX 1183
SEBRING, FL 33871

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOODY, KEVIN
4420 LAFAYETTE AVE.
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

MOODY, KEVIN
119 KAROLA DR.
SEBRING, FL 33870 US

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: KEVIN MOODY

01/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOODY, KEVIN
Address: 4420 LAFAYETTE AVE
City-St-Zip: SEBRING, FL 33872

Title: MGR (X) Delete
Name: REITZ, KEVIN
Address: 4420 LAFAYETTE AVE
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOODY, KEVIN
Address: 119 KAROLA DR.
City-St-Zip: SEBRING, FL 33870

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KEVIN MOODY

MGR

01/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date