


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -2 AM 11:03

DOCUMENT # L03000027643	
1. Entity Name C-2-C TRANSPORTATION, LC.	

Principal Place of Business 4826 PEBBLE BEACH DR. ORLANDO, FL 32811 US	Mailing Address 4826 PEBBLE BEACH DR. ORLANDO, FL 32811 US
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2. Principal Place of Business 3158 overdale st	3. Mailing Address 3158 overdale st
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Deltona FL	City & State Deltona FL
Zip 32738	Zip 32738
Country Volusia	Country Volusia

08222005 REIN-LLC CR2E101 (6/04)

4. FEI Number 02-0700726	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent THE PARK LAW FIRM, PL 1800 PEMBROOK DR. SUITE 300 ORLANDO, FL 32810	
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7. Name and Address of New Registered Agent Name: Shane B Greene Street Address (P.O. Box Number is Not Acceptable) 3158 overdale st City: Deltona FL Zip Code: 32738	
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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: <u>Shane B Greene</u> DATE: <u>8-29-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, SHANE B 4826 PEBBLE BEACH DR. ORLANDO, FL 32811 <i>New Address</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Greene, Shane B 3158 overdale st Deltona FL 32738 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDOLE, ROY T 4826 PEBBLE BEACH DR. ORLANDO, FL 32811 <i>New Address</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDOLE, ROY T. 580 MONSIEUR ORANGE CITY FLA. 32763 <input checked="" 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	300059785813 09/20/05--01052--008 \$4205.00 <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	REINSTATEMENT 04-05 <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

11. 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 is true and accurate and that my 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: <u>Shane B Greene</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE: <u>8-29-05</u> DAYTIME PHONE: <u>407 328-1511</u>