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# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000008315</b> 1. Entity Name <b>KNSC TRUCKING, L.L.C.</b>					
Principal Place of Business <b>5758 N.W. 48TH COURT CORAL SPRINGS, FL 33067</b>			Mailing Address <b>5758 N.W. 48TH COURT CORAL SPRINGS, FL 33067</b>		
2. Principal Place of Business - No P.O. Box # <div style="text-align: center;"><i>N/A</i></div>		3. Mailing Address <div style="text-align: center;"><i>N/A</i></div>			
Suite, Apt. #, etc. <div style="text-align: center;"><i>Same as Above</i></div>		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number <b>75-3189563</b>	
Zip 		Zip 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GAIDE, KEVIN 5758 N.W. 48TH COURT CORAL SPRINGS, FL 33067</b>			7. Name and Address of New Registered Agent Name <i>Correct</i> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <i>[Signature]</i> <b>MANAGER</b> <span style="float: right;"><i>10-24-07</i></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GAIDE, KEVIN 5758 N.W. 48TH COURT CORAL SPRINGS, FL 33067</b>	<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: right;"><input type="checkbox"/> Delete</div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
<div style="text-align: center;"> <b>REINSTATEMENT 2007</b>  <b>000111397480</b>  <i>10/26/07--01051--020 **155.00</i> </div>					
11. 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 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: <i>[Signature]</i> <b>MANAGER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <i>10-24-07</i> Daytime Phone # <i>954 255-1222</i>	