2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000007253

Entity Name: STARRLIGHT TRUCKING, INC.

FILED Oct 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

807 S. THOMPSON ST DELAND, FL 32720

Current Mailing Address: New Mailing Address:

807 S. THOMPSON ST DELAND, FL 32720

FEI Number: 59-3690121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRADY, FRANK 807 S THOMPSON STREET DELAND, FL 32720

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: SHEBA GRADY

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete (X) Change () Addition GRADY, SHEBA GRADY, SHEBA Name: Name: 807 THOMPSON ST Address: 807 THOMPSON ST Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32720 Title: () Delete Title: () Change () Addition FUSE, DOMENIC Name: Name: Address: 207 ELM ST Address: City-St-Zip: SANFORD, FL 32772 City-St-Zip: Title: () Delete Title: (X) Change () Addition GRADY, FRANK GRADY, FRANK Name: Name: 807 S. THOMPSON ST 807 S. THOMPSON ST Address: Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: DELAND, FL 32720 Title: () Delete Title: () Change () Addition Name: MIRCHANDANI, UMIT Name: Address: 416 FLORIDA AVE. Address:

City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip:

Title: () Delete Title: () Change () Addition

COULANTES, NICK Name: Name: 1801 CROWN WAY Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip:

Title: () Delete Title: () Change () Addition

COFFEE, TASHAWNA Name: Name: Address: 807 S. THOMPSON AVE Address: DELAND, FL 32720 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK GRADY **VP** 10/10/2005