2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000042672 1. Entity Name TJ TRUCKING & TRANSPORTATION, INC.								HLED N-3 P:	
Principal Place 5411 ST. HE LAKE WALES,	LENA AVE	Mailing Address PO BOX 888 BRANDON, FL 33509-08	88 US			(3) 10 10		* ;	
2. Principal P SY 11 Suite, Apt.	lace of Business Soin+HelenaRd #, etc.	3. Mailing Address 5411 Sain- Suite, Apt. #, etc.	+ Heter	ra Ro	10052005	REIN-P	CR2E	E098 (6/04)	
City & State	Jales FL	City & State Lake Wales FL			4. FEI Numbe 36-449				
zip 338	398 Country USA		Country		5. Certificate	of Status Desired	Q	\$8.75 Add Fee Required	
	6. Name and Address of Current R	7. Name and Address of New Registered Agent							
TOMPKINS, H. CHRISTOPHER 1706 S. KINGS AVENUE BRANDON, FL 33511-6216					CO Box Number Saint	er is Not Acceptate	ole) O		
			City \	alu	wale	S	FL	Zip Code	38
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 Signature, wheat of printed name of registered agent and refault applicable (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIN FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10.	OFFICERS AND D		11.	C>		CHANGES TO OF	FICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	STD FORD, ELIZABETH A PO BOX 124 DUNDEE, FL 33838	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	330	ESSA BY	exter on FL 33	881	☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	VD TOMPKINS, H. CHRISTOPHER I PO BOX 888 BRANDON, FL 335090888	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			١١٥	106	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, TIMOTHY T PO BOX 124 DUNDEE, FL 33838	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				M	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		50 01/06	10063r 70601055)0:93 006	□ Change : 3 5 **158.7	Addition 5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST+ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
12. 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 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 lite empowered.									
SIGNATURE: Timothy Ford 1229 05 863439 3032									