

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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03 JUN 23 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06/23/03--01080--004 \*\*350.00

<b>CORPORATION REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>01000003879</b> 1. Corporation Name <b>AM'star Trucking, Inc</b>	
2. Principal Office Address <b>668 N.W. 88th Dr</b> <b>Coral Springs, Fla 33071</b> Suite, Apt. #, etc.	3. Mailing Office Address <b>668 N.W. 88th Dr</b> <b>Coral Springs, Fla 33071</b> Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>1/08/2001</b>	
5. FEI Number <b>65-1066656</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <b>Edward E Gayle</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>668 N.W. 88th Dr</b>		
Suite, Apt. #, Etc.		
City <b>Coral Springs, Fla.</b>	State <b>FL</b>	Zip Code <b>33071</b>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent <b>Edward E Gayle</b>	Date <b>1-27-03</b>
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>Pres</b>	<b>Gayle, Edward E</b>	<b>668 NW 88th Dr</b>	<b>Coral Springs, FL 33071</b>
<b>Sec</b>	<b>Gayle, Charmaine E</b>	<b>668 N W 88th Dr</b>	<b>Coral Springs, FL 33071</b>
<b>Treas</b>			

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <b>EDWARD GAYLE</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>1-27-03</b>	Daytime Phone # <b>1-305-799-2458</b>

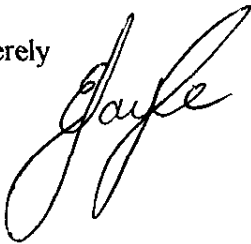
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To Whom It May Concern:

I Edward Gayle owner/ operator of Amstar Trucking Inc. did not receive Any annual report forms in the mail. I had just started the business in the State of Florida and did not know I had to pay a yearly fee. I just learned by chance when I went to the bank to open an account, I was told that my corporation no longer existed and was inactive. I, was told by an officer of your Division that I had to write a letter explaining what had happened. I was told to enclose a check for \$300.00 dollars to have the corporation reinstated. Thank you for your cooperation in this matter. Should you have any further questions you may call me at (305) 799-2458

Sincerely

A handwritten signature in cursive script, appearing to read "Gayle", written in black ink.