PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 23 PM 12:01

DOCUMENT # P01000072419

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06/06/03--01066--016 **300.00

1. Corporation Name
Baynes Trucking, Inc.

2. Principal Office Address	3. Mailing Office Address
860 NW 213 terr.	860 NW 213 terr.
Suite, Apt. #, etc. 304	Suite, Apt. #, etc. 304
City & State Miami Fl.	City & State Miami Fl
Zip 33169 Country US	Zip 33169 Country US

4. Date Incorporated or Qualified To Do Business In Florida 2 | 01 | 01

5. FEI Number 65-1077547 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Certification required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Noel Baynes JR
Street Address (P.O. Box Number is Not Acceptable): 860 NW 213 terr
Suite, Apt. #, Etc.: 304
City: Miami State: FL Zip Code: 33169

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0305, F.S.

Signature of Registered Agent: Noel Baynes Date: 5/16/03
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
D	Noel Baynes JR	860 NW 213 Terr 304	Miami, FL 33169

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, 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: Noel Baynes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/16/03

Daytime Phone #

Boynes Trucking Inc.
860 NW 213 Terrace #304
Miami, Fl. 33169

May 16, 2003

Division of Corporation

TO WHOM IT MAY CONCERN

I, Noel Boynes Jr., President of Boynes Trucking, Inc. did not receive the 2002 UBR Form. I am therefore enclosing for reinstatement an application and also check number 1256 in the amount of three hundred dollars ($300.00) to cover the years 2002 and 2003.

If any further information is needed, please contact me at 305-653-8758. I appreciate your attention to this matter.

Sincerely,

Noel Boynes, Jr.
President