## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS	FILED  06 HAR 20 FILES 11
DOCUMENT # P D1 0000 18506		
1. Corporation Name		Nicht transfer in the State of
OMD Transport, Inc.		•
2. Principal Office Address	3. Mailing Office Address	
132NW 78 Terr.	Same	CR2E081 (12/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 02/19/2001
Marate	Oily a State	5. FEI Number Applied For
Zip Country	Zip Country	6. SATURE DECIDED \$8.75 Additional Fee required
33063 USH		CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Name and Address of Current Registered Agent		
Mana Olman		
Street Address (P.O. Box Number is Not Acceptable)  32 NW -78 Terr .  Suite, Apt. #, Etc.		
city Margate		State Zip Code FL 33863
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 Date Date OS 15 06		
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 Officer and/or D	
P Olman Me	na 132 NW 7	8th ter. Margate, FL, 33063
REMOTATEMENT OL-DV		
	TERROTE OF AN AND AND AND AND AND AND AND AND AND	0 0 1 1/1)4
		16'5/47U"
		700069058417
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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		