

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT **FLORIDA DEPARTMENT OF STATE**
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 04 MAR 24 PM 1:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000072865
 1. Corporation Name
SUNSHINE TRUCKING OF AMERICA INC

2. Principal Office Address: **649 NW 47TH STREET**
 Suite, Apt. #, etc.
 3. Mailing Office Address: **649 NW 47TH STREET**
 Suite, Apt. #, etc.

City & State: **POMPANO BEACH, FL**
 Zip: **33064**
 Country: [Blank]

4. Date Incorporated or Qualified To Do Business in Florida
 5. FEI Number: **65-1124292**
 Applied For: [Blank] / Not Applicable
 6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent
 Name: **RAFAEL GARCIA**
 Street Address (P.O. Box Number is Not Acceptable): **649 NW 47TH STREET**
 Suite, Apt. #, Etc.: [Blank]
 City: **POMPANO BEACH**
 State: **FL** Zip Code: **33064**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.
 Signature of Registered Agent: *[Signature]* Date: *2/10/04*
 REGISTERED AGENT MUST SIGN

B. 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
PRES	RAFAEL GARCIA	649 NW 47TH STREET	POMPANO BEACH, FL

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 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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]* **RAFAEL GARCIA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **2/10/2004** Daytime Phone #: **786-388-7114**

REINSTATEMENT 03-04

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SUNSHINE TRUCKING OF AMERICA, INC
649 NW 47TH STREET
POMPANO BEACH, FL. 26179
TEL: 786-368-7114
FAX: 305-861-0084

March 23, 2004

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, Fl. 32314

REF: Reinstatement
Federal I.D. Number 65-1124292
P01000072865

Recently I applied for a professional license and was declined because the State of Florida revealed that my corporation is inactive and was dissolved because an annual report was not received.

I did not realize that I had to file an annual report, and I never received any notification that I was obligated to do so.

Therefore, under these circumstances, I am requesting reinstatement and a waiver of penalty.

Enclosed is my check for \$ 450.00

Thank you for your anticipated cooperation.

Very truly yours


Rafael Garcia