


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PD1000073883</u>			
1. Corporation Name <u>TRADEWINDS TRANSPORTING, INC.</u>			
2. Principal Office Address <u>121 E. PINE ST.</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>SAME</u> <small>Suite, Apt. #, etc.</small>	
City & State <u>ARCADIA, FL.</u>		City & State	
Zip <u>34266</u>	Country <u>DE SOTO</u>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>JULY 25, 01</u>		5. FEI Number <u>31-1798923</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name <u>MIKE HOLBERT</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>121 E PINE ST.</u>			
Suite, Apt. #, Etc.			
City <u>ARCADIA</u>		State <u>FL</u>	Zip Code <u>34266</u>
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 <u><i>Mike Holbert</i></u>		Date <u>11-2-04</u>	
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
<u>PRESIDENT</u>	<u>MIKE HOLBERT</u>	<u>121 E. PINE ST</u>	<u>ARCADIA, FL. 34266</u>
<u>VICE PRES.</u>	<u>GLADYS PACHECO</u>	<u>121 E. PINE ST.</u>	<u>ARCADIA FL. 34266</u>
REINSTATEMENT <u>04</u> <u>T. Lewis</u> <u>12/2/04</u>			
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: <u><i>Mike Holbert</i></u>		Date <u>11-2-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
04 NOV 30 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (10/02)