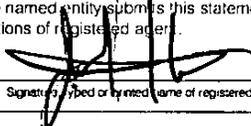
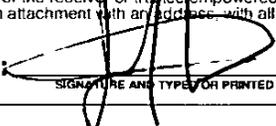


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000077891 1. Entity Name USA TRANSPORTATION OF TAMPA, INC.						FILED 05 DEC 14 AM 11:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA							
Principal Place of Business 7440 E. HILLSBOROUGH AVE TAMPA, FL 33610				Mailing Address 7440 E. HILLSBOROUGH AVE TAMPA, FL 33610				 11182005 REIN-P CR2E098 (6/04)					
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			4. FEI Number 59-3737097						Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required							
Zip		Country		Zip		Country		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
HERSHEY, JOHN 7440 E. HILLSBOROUGH AVE TAMPA, FL 33620						Name Street Address (P.O. Box Number is Not Acceptable) City							
FL						Zip Code							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE 				JOHN Hershey President				12-9-05					
Signature typed or typed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)				DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP HERSHEY, JOHN 7440 E. HILLSBOROUGH AVE TAMPA, FL 33610		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 100062163361 12/14/05--01047--010 **150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		REINSTATEMENT 05 T. Robens DEC 15 2005					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE: 				JOHN Hershey President				12-9-05					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date				Daytime Phone #					

813-664-0623