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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	<div style="text-align: center;">FILED 06 JUN -2 PM 3:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="text-align: right;">02-70 <i>[Signature]</i> CR2E081 (12/05)</div>
DOCUMENT # <u>PO10000 92439</u>			
1. Corporation Name <u>Moneague Transportation Inc.</u>			
2. Principal Office Address <u>4911 NW 15 CT.</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>2585 NW 49 Ave</u> <small>Suite, Apt. #, etc.</small> <u>207</u>	
City & State <u>Lauderhill FL</u>		City & State <u>Lauderhill FL</u>	
Zip <u>33313</u>	Country <u>Broward</u>	Zip <u>33313</u>	Country <u>Broward</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>9/2001</u>		5. FEI Number <u>65-1141290</u>	
		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name <u>Michael Knight</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>4911 NW 15 CT.</u>			
Suite, Apt. #, Etc. <u></u>			
City <u>Lauderhill</u>		State <u>FL</u>	Zip Code <u>33313</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>Michael Knight</i></u>		Date <u>6/1/02</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>VP</u>	<u>Willis Knight</u>	<u>4911 NW 15 CT.</u>	<u>Lauderhill FL 33313</u>
<u>Pres</u>	<u>EVORA CARLTON</u>	<u>4911 NW 15 CT.</u>	<u>Lauderhill FL 33313</u>
600077349936 07/11/06--01040--015 **500.00 600077349936 07/11/06--01040--016 **250.00 600077349936 07/11/06--01040--017 **8.75			
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: <u><i>Michael Knight</i></u>		<u>Michael Knight</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>6/01/06</u>	Daytime Phone # <u>954 376 9165</u>

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MONEAGUE TRANSPORTATION INC
4911 NW 15 TERRACE
LAUDERHILL, FL 33313
TELEPHONE 888-712-0002

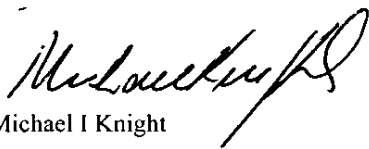
Divisions of Corporations
Clifton Building
21 Executive Center Circle
Tallahassee, FL 32301

Sir/Madam

I am requesting a waiver of late charge in the reinstatement of the corporation status. This request is a result of the corporation not receiving any correspondence from the relevant State Authority. This may have been as a result of the corporation temporarily located at another address shortly after being incorporated. For 2002

This relief would assist this corporation to become reinstated and being in good standing.

Sincerely,



Michael I Knight