




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  04 MAR 24 PM 1:49  SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>DOCUMENT #</b> P 01000097066			
<b>1. Corporation Name</b> <p style="font-size: 1.2em; margin: 0;">P &amp; C Trucking Service Inc</p>			
<b>2. Principal Office Address</b> 1220 SW 73 AVE Suite, Apt. #, etc. north LAuderdale City & State Florida Zip 33068 Country USA		<b>3. Mailing Office Address</b> 1220 SW 73 AVE Suite, Apt. #, etc. north LAuderdale City & State Florida Zip 33068 Country USA	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 10/5/01		<b>5. FEI Number</b> 65-1142607	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>		<b>REINSTATEMENT</b> 03-04	
<b>7. Name and Address of Current Registered Agent</b>			
Name: Peter Brown			
Street Address (P.O. Box Number is Not Acceptable): 1220 SW 73 AVE			
Suite, Apt. #, Etc.: north LAuderdale			
City: north LAuderdale		State: FL	Zip Code: 33068
<b>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.</b>			
Signature of Registered Agent: 		Date: 3/21/04	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Peter Brown	1220 SW 73 AVE	north LAuderdale FL 33068
Secretary	Cecile Simpson	1220 SW 73 AVE	north LAuderdale FL 33068
Director	Robert Linch	6045 NW 186th St #214	Miami FL 33015
<b>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.</b>			
<b>SIGNATURE:</b> 		Date: 3/21/04	Daytime Phone #: 954-822-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (10/02)