

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P02000060260		
1. Corporation Name <i>Greby Transportation, Inc.</i>		

2. Principal Office Address 8897 NW 174th terrace	3. Mailing Office Address 8897 NW 174th terrace				
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —				
City & State Miami, FL.	City & State Miami, FL.				
Zip 33018	Country USA	Zip 33018	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 05-31-2002					
5. FEI Number 75-3064987 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>				Applied For	Not Applicable
Applied For					
Not Applicable					
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					

7. Name and Address of Current Registered Agent			
Name Lourdes Menahem Street Address (P.O. Box Number is Not Acceptable) 8897 NW 174th Terrace Suite, Apt. #, Etc. —			
City Miami		State FL	Zip Code 33018

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 Lourdes Menahem REGISTERED AGENT MUST SIGN			
Date 12-23-03			

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
Pd	Cardoso, Irene	8897 NW 174 TERR	Miami, FL. 33018
Vd	Menahem, Lourdes	8897 NW 174 TERR	Miami, FL. 33018
		900026987039	01/19/04-01010--003 **150.00

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: Lourdes Menahem		Date 12/23/03	Daytime Phone # 486-8875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

GREIBY TRANSPORTATION, INC.

8897 NW 174TH TERRACE * MIAMI, FLORIDA 33018
TELEPHONE: 786-486-8875

December 23, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Document No. P02000060260

Dear Sir or Madam:

As a follow up to our telephone conversation of this morning and as I explained, we found out today thru our Insurance agent today, that our corporation was dissolved this summer. We had no idea that the check in payment for the annual report for this year was not paid by our bank when we had to close the account.

In April of this year, we had a robbery and had to closed our checking account and relocate our office to a different location. Apparently, the mail sent from your office was never forwarded to us at our new location.

Therefore, as per your instructions as per your instructions, I am herewith enclosing a new check from our new checking account to cover the unpaid check.

I sincerely apologize for the inconvenience this may have caused. Please reinstate our corporation to good standing. Your assistance and cooperation with this matter is very much appreciated.

Sincerely yours,



Lourdes Manahem
V/Pres.

Enclosures