


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000075122		
1. Entity Name SUN STATE TRANSPORT, INC.		

FILED
04 OCT 28 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

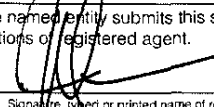
Principal Place of Business 11906 SW 272 TERR HOMESTEAD, FL 33032 US	Mailing Address 11906 SW 272 TERR HOMESTEAD, FL 33032 US
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2. Principal Place of Business 11912 SW 272 TERR	3. Mailing Address 11912 SW 272 TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

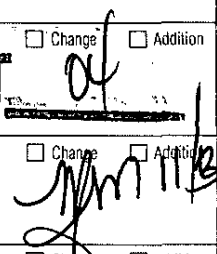
City & State Homestead FL.	City & State Homestead
Zip 33032	Country USA
Zip 33032	Country USA

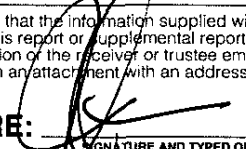
10252004 REIN-P CR2E098 (6/04)	
4. FEI Number 32-0022253	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LANDO, MANUEL T 11912 SW 272 TERR HOMESTEAD, FL 33032	
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7. Name and Address of New Registered Agent Name Manuel V Lando Street Address (P.O. Box Number is Not Acceptable) 11912 SW 272 TERR City Homestead FL Zip Code 33032	
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  Manuel V. Lando DATE 10-26-2002 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LANDO, MANUEL V 11912 SW 272 TERR HOMESTEAD, FL 33032 <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	D LANDO, SONIA I 11906 SW 272 TERR HOMESTEAD, FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD 11912 SW 272 TERR Homestead FL 33032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDO, SONIA I 11906 SW 272 TERR HOMESTEAD, FL 33032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT  <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042294169 10/28/04--01078--008 **150.00 <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:  Manuel V. Lando Pres 10-26-04 305-989-3163 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	