
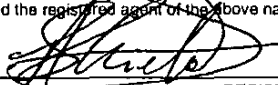


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P02000093127</b>			
<b>1. Corporation Name</b> INLINE TRANSPORT SERVICE, INC.			
5701 Summer Lake Dr # 204 5701 Summer Lake Dr # 204			
<b>2. Principal Office Address</b> 5701 Summer Lake Dr # 204		<b>3. Mailing Office Address</b> 5701 Summer Lake Dr # 204	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Davie, FL		City & State Davie, FL	
Zip 33312	Country Broward	Zip 33312	Country Broward
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 08/27/02			
<b>5. FEI Number</b> 760177627			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee required for a Certificate of Status</b>
<b>7. Name and Address of Current Registered Agent</b>			
Name Adrian Shield			
Street Address (P.O. Box Number is Not Acceptable) 5701 Summer Lake Dr # 204			
Suite, Apt. #, Etc.			
City Davie		State FL	Zip Code 33312
<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 <u>12-27-04</u>	
REGISTERED AGENT MUST SIGN			
<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
D	Adrian Shield	5701 Summer Lake Dr # 204	Davie, FL-33312
<b>REINSTATEMENT</b>			
<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>			
SIGNATURE: 		Date <u>12/13/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED  
05 JAN -3 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/29/04 01066 009 150<sup>00</sup>

CR2E081 (01/04)

November 17, 2004

INLINE TRANSPORT SERVICE, INC  
Adrian Shield  
5701 Summer Lake Dr # 204  
Davie, FL 33314  
954-240-3515

**DIVISION OF CORPORATION**  
P. O. Box 6327  
Tallahassee, FL 32314

Document Number: P02000093127

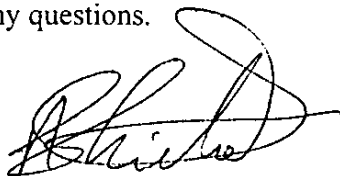
To Whom It May Concern:

We would like to let you know that we never got the letter requesting payment of the corporation fees in 2004. In fact, we did not know until our Insurance Agent let us know that our corporation was showing the status of inactive. Please waive fees and reinstate us as soon as possible. Also, update our address/phone information shown above.

Please call us in any questions.

Regards,

Adrian Shield

 12-26-04

P.S. We are enclosing a check in the amount of \$150.00.