2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000111864

Entity Name: NITE NITE TRUCKING INC.

FILED Jun 16, 2005 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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1515 NW 9 STREET 15413 SW 288 ST HOMESTEAD, FL 33030 APT. 116

HOMESTEAD, FL 33033

Current Mailing Address: New Mailing Address:

1515 NW 9 STREET PO BOX 924116

HOMESTEAD, FL 33030 PRINCETON, FL 33092

FEI Number: 14-1850635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NAITE, CARLOS A
1515 NW 9 STREET
15413 SW 288 ST

HOMESTEAD, FL 33030 US #116 HOMESTEAD, FL 33033 US

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.

SIGNATURE: CARLOS A NAITE 06/16/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

HOMESTEAD, FL 33033

Title: PD () Delete Title: PD (X) Change () Addition Name: NAITE, CARLOS A Name: NAITE, CARLOS A

 Address:
 1515 NW 9 STREET
 Address:
 PO BOX 924116

 City-St-Zip:
 HOMESTEAD, FL 33030
 City-St-Zip:
 PRINCETON, FL 33092

 Title:
 V
 () Delete
 Title:
 V
 (X) Change () Addition

 Name:
 MONTERO, VIRGEN M
 Name:
 MONTERO, VIRGEN M

 Address:
 1515 NW 9 STREET
 Address:
 15413 SW 288 ST APT. #116

Title: ST (X) Delete Title: () Change () Addition

City-St-Zip:

 Title:
 ST
 (X) Delete
 Title:

 Name:
 SARRIA, HECTOR F
 Name:

 Address:
 1515 NW 9 ST
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33030
 City-St-Zip:

Title: ST (X) Delete Title: () Change () Addition

 Name:
 MIXON, MELODY S
 Name:

 Address:
 9140 S.W. 140 ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGEN M MONTERO V 06/16/2005