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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO2000130885</u>			
1. Corporation Name <u>J + E TRUCKING, INC.</u>			
2. Principal Office Address <u>16709 SW 36 St.</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Miramar, FL.</u>		City & State	
Zip <u>33027</u>	Country <u>Broward</u>	Zip	Country

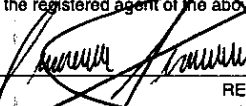
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -5 AM 8:00

REINSTATEMENT 03-04
MRS

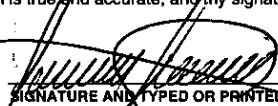
700035534467
05/05/04-01046-025 **300.00

4. Date Incorporated or Qualified To Do Business in Florida <u>12-12-02</u>	
5. FEI Number <u>02-0655588</u>	Applied For <input type="checkbox"/> 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 <u>Basilio Bencosme</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>16709 SW 36 St.</u>		
Suite, Apt. #, Etc.		
City <u>Miramar</u>	State <u>FL</u>	Zip Code <u>33027</u>

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 	Date <u>4/15/04</u>
REGISTERED AGENT MUST SIGN	

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
<u>PD</u>	<u>Basilio Bencosme</u>	<u>16709 SW 36 St</u>	<u>Miramar, FL 33027</u>
<u>VD</u>	<u>Gloria Bencosme</u>	<u>16709 SW 36 St</u>	<u>Miramar, FL 33027</u>
<u>Delete</u>	<u>Delete ↑</u>	<u>Delete ↑</u>	<u>Delete ↑</u>

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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Basilio Bencosme</u>
Date <u>4/15/04</u>	Daytime Phone #

CR2E081 (01/04)

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April 6, 2004

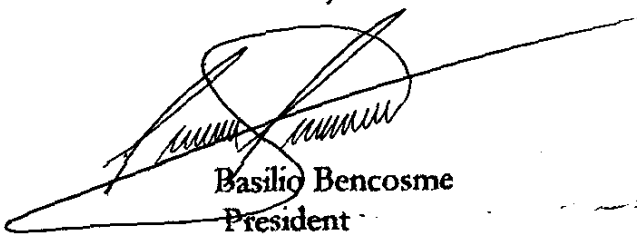
In regards to:
Florida Department of State
Division of Corporation
P.O. box 6327
Tallahassee, Florida 32314

Ref. 2003UBR

Dear Florida Department of State,

cc: This letter is to certify that our company J & E Trucking, Inc. with document # P02000130885 didn't receive the form to report our business to Florida Department of State. Together with this letter we are sending the reinstatement form sign and a check for \$300.00. We are very sorry for this inconvenience concerning this matter, hopping it will not happen again.

Sincerely'

A handwritten signature in black ink, appearing to read 'Basilio Bencosme', is written over a horizontal line. The signature is stylized with a large loop and a long horizontal stroke extending to the right.

Basilio Bencosme
President

J & E TRUCKING, INC

16709 S.W. 36 ST.
MIRAMAR, FL. 33027