

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC 13 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000135306

1. Entity Name
SARAFAN TRUCK AND EQUIPMENT, INC.



Principal Place of Business 10420 NW SOUTH RIVER DRIVE MEDLEY, FL 33178	Mailing Address 10420 NW SOUTH RIVER DRIVE MEDLEY, FL 33178
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10/22/04 01021/004 \$50.00



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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11292004 REIN-P CR2E098 (6/04)

City & State	City & State
Zip	Country

4. FEI Number 82-0578540	Applied For Not Applicable
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6. Name and Address of Current Registered Agent

SARAFAN-IRVING
17713 CHARNWOOD DRIVE
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	SARAFAN, MICHAEL
STREET ADDRESS	16 HAMPTON RD.
CITY - ST - ZIP	SUFFERN, NY 10901
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900043048219
STREET ADDRESS	10/22/04--01021--004 **\$50.00,
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900043048219
STREET ADDRESS	11/29/04--01005--019 **\$100.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date _____ Daytime Phone # _____