

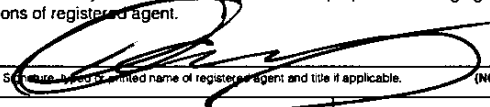
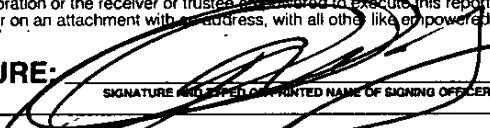


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000012782</b> 1. Entity Name NOVA TRANSPORTATION MANAGEMENT, INC.					
Principal Place of Business 5037 WESTWINDS DR. ORLANDO, FL 32811			Mailing Address 5037 WESTWINDS DR. ORLANDO, FL 32811		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5037 WESTWINDS DR.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">04 DEC 15 AM 9:43</div> <div style="font-size: 14px; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>10242004</span> <span>REIN-P</span> <span>CR2E098 (6/04)</span> </div>	
City & State ORLANDO, FL		City & State ORLANDO, FL			
Zip 32819		Zip 32819			
Country U.S.A		Country U.S.A			
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  FLORIDA FILING & SEARCH SERVICES, INC. 1333 NDUVAL ST. TALLAHASSEE, FL 32303			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  DATE 11/05/04 <small>Signature of person named as registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOMEM, CARLOS R		NAME	800042692238	
STREET ADDRESS	5037 WESTWINDS DR.		STREET ADDRESS	11/12/04--01042--015 **150.00	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 address, with all other like empowered.					
SIGNATURE: 			11/05/04 467-484-9495 <small>Date Daytime Phone #</small>		