

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 11 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000019861
1. Corporation Name
Exodus Transportation Inc.

2. Principal Office Address
4501d Creek Rd
Suite, Apt. #, etc.

3. Mailing Office Address
P O BOX 357
Suite, Apt. #, etc.

City & State
Ponce De Leon FL
Zip
32455
Country
USA

City & State
Andalusia Alabama
Zip
36420
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida Feb. 17, 2003

5. FEI Number
043743817 ☒ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Dayami Brown
Street Address (P.O. Box Number is Not Acceptable)
245 Old Creek Rd
Suite, Apt. #, Etc.

800075550738
05/31/06--01022--003 ***45.00

City
Ponce De Leon, Florida

State
FL
Zip Code
32455

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 Dayami Brown
REGISTERED AGENT MUST SIGN

Date 5/8/06

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
President	Dayami V. Brown	4501d Creek Rd	Ponce de Leon, FL, 32455
Treasurer	Dayami J. Brown	Same AS Above	Same AS Above
Secretary	Dayami Brown	Same AS Above	Same AS Above

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 contained in Chapter 119, 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:

Dayami V. Brown 5/8/06 (954) 445-3522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

April 3, 2006

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REF: EXODUS TRANSPORTATION

To Whom IT MAY CONCERN

I AM SENDING THE CORPORATE REINSTATEMENT FORM WITH A CHECK FOR \$300.00 (RENEWAL FOR 2 YEARS)

I AM REQUESTING THAT THE FEE FOR REINSTATEMENT BE WAIVED. I TRULY DID NOT KNOW THAT THERE IS A YEARLY RENEWAL. I WAS UNDER THE ASSUMPTION THAT I RENEWED THIS EVERY 5 YEARS. (THE SAME AS MY FICTITIOUS NAME.

I HOPE THIS EXPLANATION WILL BE CONSIDERED AND WISH TO THANK YOU IN ADVANCE FOR YOUR HANDLING THIS MATTER.

Sincerely

X

DAMIEN BROWN
(954) 445-3522