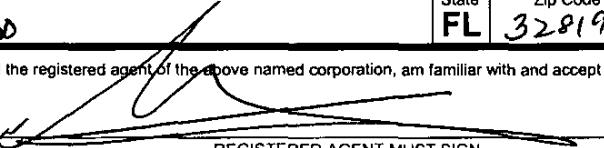
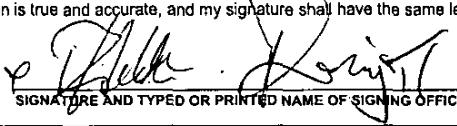


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>CORPORATION REINSTATEMENT</p>	 <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>	<p>DOCUMENT # P03000027597</p> <p>1. Corporation Name RAMJIT & SONS TRUCKING, INC. 7659 COUNTRY RUN PARKWAY ORLANDO, FL 32818</p> <p>2. Principal Office Address - No P.O. Box # 7659 COUNTRY RUN PARKWAY Suite, Apt. #, etc.</p> <p>3. Mailing Office Address 7659 COUNTRY RUN PARKWAY Suite, Apt. #, etc.</p> <p>4. Date Incorporated or Qualified To Do Business in Florida 5/3/2003</p> <p>5. FEI Number 51-0450737</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p> <p>7. Name and Address of Current Registered Agent Name: LYSANDER THOPPE Street Address (P.O. Box Number is Not Acceptable) 6327 PINNEY QUEEN LANE Suite, Apt. #, Etc.</p> <p>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.</p> <p>Signature of Registered Agent </p> <p>REGISTERED AGENT MUST SIGN</p> <p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 40%;">Name of Officers and/or Directors</th> <th style="width: 40%;">Street Address of Each Officer and/or Director</th> <th style="width: 10%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PRES</td> <td>HAMECHANDRA S RAMJIT</td> <td>7659 COUNTRY RUN PARKWAY</td> <td>ORLANDO, FL 32818</td> </tr> <tr> <td>SEE</td> <td>SURUJFAI S RAMJIT</td> <td>7659 COUNTRY RUN PARKWAY</td> <td>ORLANDO, FL 32818</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>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.</p> <p>SIGNATURE: </p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> <p>6/1/08 407-292-0529</p> <p>Date Daytime Phone #</p>	Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PRES	HAMECHANDRA S RAMJIT	7659 COUNTRY RUN PARKWAY	ORLANDO, FL 32818	SEE	SURUJFAI S RAMJIT	7659 COUNTRY RUN PARKWAY	ORLANDO, FL 32818																
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