

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT****FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -7 PM 3:01

DOCUMENT # P03000044389

1. Corporation Name

ROAD SERVICE EXPERTS INC2. Principal Office Address
3931 NW 108TH DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address
3931 NW 108TH DRIVE

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FLZip
33065City & State
CORAL SPRINGS, FLZip
33065**200066254772**
02/21/06-01018--001 **450.00

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida**4/21/2003**

5. FEI Number

81-0608726 Applied For Not Applicable6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANNAN SEEPERSAD

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

3931 NW 108TH DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065**REINSTATEMENT 04-06**

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

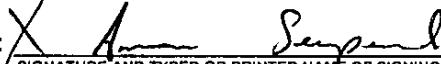
REGISTERED AGENT MUST SIGN

Date **02/22/06**

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
PRES	ANNAN SEEPERSAD	3931 NW 108TH DRIVE	CORAL SPRINGS, FL 33065

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

02/22/06
Date954-448-6158
Daytime Phone #

**ROAD SERVICE EXPERTS, INC.
3931 NW 108TH DRIVE
CORAL SPRINGS, FLORIDA 33065**

January 26, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Road Service Experts, Inc.
Document #P03000044389
EIN 81-0608726**

Dear Division of Corporations:

Please be advised that we never received our annual report due to a change of address. We hereby request the reinstatement fee be waived since the corporation did not receive the annual report notices in the year of dissolution/revocation.

Sincerely,


Annan Seepersad
President