## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000066999

FILED Oct 27, 2004 Secretary of State

Entity Nam	e: TRANSLINE FLATBED SERVICES, INC.			
Current Pri	ncipal Place of Business:	New Principal Place of	of Business:	
4900 NW 10 MIAMI, FL 3				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P. O. BOX 3 MIAMI, FL 3				
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SPIEGEL & 1840 SW 22 4TH FLOOF MIAMI, FL	2			
The above in the State	named entity submits this statement for the proof Florida.	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:			
	Electronic Signature of Registered Age	nt	Date	
	e with s. 607.193(2)(b), F.S., the corporation did not paign Financing Trust Fund Contribution().	receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD () Delete HEREDIA, RADAMES 4900 NW 10TH AVE. MIAMI, FL 33127	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RADAMES HEREDIA Ρ 10/27/2004