


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000098875</b> 1. Entity Name <b>MARIGOLD TRUCKING CORPORATION</b>	
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FILED  
04 NOV -1 PM 3:23

Principal Place of Business <b>5954 LINCOLN CIRCLE WEST LAKE WORTH, FL 33463</b>	Mailing Address <b>5954 LINCOLN CIRCLE WEST LAKE WORTH, FL 33463</b>
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 04

2. Principal Place of Business	3. Mailing Address	10262004 REIN-P CR2E098 (6/04)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>20 0222960</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



**6. Name and Address of Current Registered Agent**

**NOFIL INVESTMENTS, INC.**  
**5544 NW 23RD AVENUE**  
**HANGAR 15**  
**FORT LAUDERDALE, FL 33309**

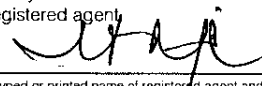
**7. Name and Address of New Registered Agent**

Name  
**NOFIL INVESTMENTS, INC**

Street Address (P.O. Box Number is Not Acceptable)  
**5280 NW ZOTERRACE, HANGAR 5B**

City  
**FORT LAUDERDALE**      State  
**FL**      Zip Code  
**33309**

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: **10/26/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<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.
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10. OFFICERS AND DIRECTORS	
TITLE	PST <input type="checkbox"/> Delete
NAME	HERNANDEZ, FRANCISCO C
STREET ADDRESS	5954 LINCOLN CIRCLE WEST
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	VP <input type="checkbox"/> Delete
NAME	HERNANDEZ, ANA M
STREET ADDRESS	5954 LINCOLN CIRCLE WEST
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>900042355469</b>
STREET ADDRESS	<b>11/01/04--01060--015 **150.00</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 an address, with all other like empowered.

SIGNATURE:  DATE: **10/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #