
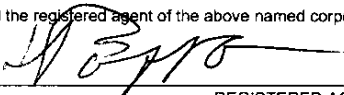
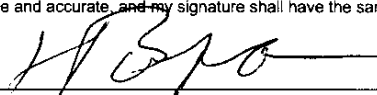


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 903 000 139 378			
<b>1. Corporation Name</b> <b>CUBARICAN TRANSPORT, INC.</b>			
<b>2. Principal Office Address - No P.O. Box #</b> 2427 RIDGESIDE RD		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> APOPKA, FL		<b>City &amp; State</b> APOPKA, FL	
<b>Zip</b> 32712	<b>Country</b> US	<b>Zip</b> 32712	<b>Country</b> US
<b>7. Name and Address of Current Registered Agent</b>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/24/2003	
<b>Name</b> ISAAC IBARRA		<b>5. FEL Number</b> 20-0432905	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2427 RIDGESIDE RD		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>Suite, Apt. #, Etc.</b>		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>City</b> APOPKA		<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
<b>State</b> FL		<b>Zip Code</b> 32712	
<b>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.</b>			
<b>Signature of Registered Agent</b> 		<b>Date</b> 08/07/07	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PTD	ISAAC IBARRA	2427 RIDGESIDE RD	APOPKA, FL 32712
SD	DAMARYS IBARRA	2427 RIDGESIDE RD	APOPKA, FL 32712
<b>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.</b>			
<b>SIGNATURE:</b> 		<b>Date</b> 08/07/07	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Daytime Phone #</b>	

\* ISAAC gave permission to correct R/A name 8/13

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**Cubarican Transport, Inc.**  
**2427 Ridgeside Road**  
**Apopka, Florida 32712**  
**Phone#: 321-436-6551**

August 7, 20007

Florida Department  
Division of Corporations  
Annual Report Section  
P O Box 6850  
Tallahassee, Florida 32314

RE: Cubarican Transport, Inc.  
FEN:20-0432905  
Annual Report for: 2002 – 2006.

To Whom It May Concern:

It has come to my attention through my accountant that my corporation has been administratively dissolved by the Secretary of State for failure to file the 2004 thru 2007 Uniform Business Report prior to 2003.

I have never received the 2001 to 2006 Uniform Business Report, and I was never notified regarding this matter until my Accountant brought it to my attention.

Enclosed is a check in the amount of \$600.00 (six hundred dollars).

Your immediate attention in this matter is greatly appreciated. If you have any questions, please feel free to contact me at the above number Monday thru Friday. Thank you.

Sincerely,



ISSAC IBARRA  
President