


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000001499		
1. Entity Name ISASI FREIGHT MANAGEMENT, INC.		

FILED
06 NOV 20 PM 4:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 35 WEST PINE STREET SUITE 218 ORLANDO, FL 32801	Mailing Address 35 WEST PINE STREET SUITE 218 ORLANDO, FL 32801
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2. Principal Place of Business 2301 Powatan Court Suite, Apt. #, etc.	3. Mailing Address 2301 Powatan Court Suite, Apt. #, etc.
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11092006 REIN-P CR2E098 (11/05) 06

City & State Charlotte NC	City & State Charlotte NC	4. FEI Number 03-0532586	Applied For Not Applicable
Zip 28269	Country USA	Zip 28269	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ISASI, NICHOLAS 35 WEST PINE STREET SUITE 218 ORLANDO, FL 32801

7. Name and Address of New Registered Agent Name Nicholas Isasi Street Address (P.O. Box Number is Not Acceptable) 13506 Summerport Village Pkwy #396 City Windermere FL Zip Code 34786	
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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: <i>Nicholas Isasi</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE 11-14-06
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FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ISASI, NICHOLAS 6637 EARTHGOLD DRIVE WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1120000810746020430.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11/1/06</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Nicholas Isasi</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 11-14-06 407-436-6267 Daytime Phone #