

2008 FOR PROFIT CORPORATION REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 16 PM 2:14

DOCUMENT # P04000018378 1. Entity Name RMF TRUCKING, INC.	
Principal Place of Business 8155 NW 39 STREET CORAL SPRINGS, FL 33065	Mailing Address 8155 NW 39 STREET CORAL SPRINGS, FL 33065 ↓ 13900 S. JOG RD #203-276 Delray Beach 33446 U.S
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
Country	Country U.S



04112008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent FORD, ROLANDO 8155 NW 39 STREET CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name ALLEN H KATZ PA Street Address (P.O. Box Number is Not Acceptable) 13900 S. JOG RD #203-276 Delray Beach FL Zip Code 33446
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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: Allen H Katz **ALLEN H KATZ** DATE: **4/11/08**

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

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, ROLANDO 1405 NW 91ST AVE STE 14-212 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400123767584 04/16/08--01019--027 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D LEE-FORD, MARICA 1405 NW 91ST AVE STE 14-212 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 07-08
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: Rolando Ford **Rolando Ford** DATE: **204/16/08** DAYTIME PHONE: **(913)406-9025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR