2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000023683

1. Entity Name

B.O.D. TRUCKING, INC.

FILED

06 FEB 14 PM 12: 10

SECRETARY OF STATE

Principal Place of Business	Mailing Address
3191 CORAL WAY STE 402-A MIAMI, FL 33145	3191 CORAL WAY STE 402-A MIAMI, FL 33145

REINSTATEMENT 05-06

01182006 REIN-P   CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country	Zip / Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLAUS, JURT R JR 3191 CORAL WAY STE 402-A MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) 10720 Caribbean Blvd Ste 120 City Miami FL 33189

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 1/27/06

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	PT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	O'DONNELL, BARBARA		NAME	400066251604
STREET ADDRESS	3191 CORAL WAY STE 402-A		STREET ADDRESS	02/21/06--01012--009 **308.75
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: X Barbara O'Donnell   1/27/06   3054644447

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