PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 DEC 31 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (1/07)

DOCUMENT # P04000033856

1. Corporation Name

HAMMERDOWN TRUCKING INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2552 Spring Lake Road	9257 Hawkeye Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FLORIDA	City & State: Jacksonville, Florida
Zip: 32210 Country: USA	Zip: 32221 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3-2004

5. FEI Number: 68-0579194 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Arica Delcarmen

Street Address (P.O. Box Number is Not Acceptable): 2552 Spring Lake Road

Suite, Apt. #, Etc.: ~~Jacksonville, F~~

City: Jacksonville State: FL Zip Code: 32210

☑ 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

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.

Signature of Registered Agent: Arica del Carmen (REGISTERED AGENT MUST SIGN) Date: 1/3/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Elgin Bridges	2552 Spring Lake Road	Jacksonville, FL 32210
DV	Arica Delcarmen	2552 Spring Lake Road	Jacksonville, FL 32210
DS	Lawrence Jackson	9257 Hawkeye Drive	Jacksonville, FL 32221
T	Arica Delcarmen	2552 SpringLake Road	Jacksonville FL 32210
M	Elgin Bridges	2552 Spring Lake Road	Jacksonville, FL 32210
C	Arica Delcarmen	2552 Spring Lake Road	Jacksonville, FL 32210

10. I certify that I am an officer or director of 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.

SIGNATURE: Arica del Carmen Arica Delcarmen (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 1/3/08 (Date) (904)449-4444 (Daytime Phone #)