## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0400056102  1. Entity Name				FILED
J.T. TRANSPORTATION, INC.		•		06MA-(30 PM 3: 23
				SEGRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place		Mailing Address 1505 DENNIS ST		TALLAMASSEE, FLORIDA
1505 DENNIS ST Jacksonville, FL 32204		JACKSONVILLE, FL 32204		-
				LEGENERAL AN BRAIN BLEID ROMA REAN EEUN ARDRI EANNE EN AL ARBE LOTEREN HERE
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032006 REIN-P CR2E098 (11/05)
City & State		City & State		4. FEI Number 20 - 1022331   Applied For   Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
			Name	
NIPPER, J. 200 W FOR	AMES L RSYTH ST STE C-6		Street Add	dress (P.O. Box Number is Not Acceptable)
JACKSONVILLE, FL 32202			<del> </del>	
			City	Zip Code
				FL
	named entity submits this statement ions of registered agent.	for the purpose of changing its	s registered office or r	egistered agent, or both, in the State of Florida. I am familiar with, and accept
	• •		$\sim$	JAMES L. NIPPER MAY 2, 200
SIGNATURE_	Signature, typed or printed name of registered ago	ent and title if applicable. NOT	TE: Registered Agent algosts	ure required when relating) DATE
·	<del></del>			
FIL	LE NOWIII FEE IS \$900.00			
10.	<del></del>	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	DP LANDRY, TIMOTHY I	Delete	TITLE NAME	DP Change XMAddition ROBBINS, PAUL V.
STREET ADDRESS	1505 DENNIS ST		STREET ADDRESS	1505 DENNIS STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-SI-ZIP	JACKSONVILLE, FLORIDA 32204
TITLE NAME	DVST ROBBINS, JON M	<b>◯</b> Detete	TITLE	DVST ☐ Change ☑ Addition
STREET ADDRESS	1505 DENNIS ST		STREET ADDRESS	LEOF TRUE ATREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY ST TO	JACKSONVILLE, ELORIDA 377114
TITLE		☐ Delete	пи	SEC-TREA Change X Addition
NAME STREET ADDRESS	0 0 1		NAME STREET ADDRESS	TAYLOR, TIMOTHY
CITY-ST-ZIP	l Hail	1	CITY-ST-ZIP	1505 DENNIS STREET
ILITE	7.10	☐ Delete	TITLE	— JACKSONVILLE, FLORIDA 32204 ☐ Addition
NAME	) [ °		NAME	100076156841
STREET ADDRESS   City-St-Zip	·		STREET ADDRESS CITY-ST-ZIP	100076156841 06/13/0601033024 **908.75
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME		_ 0000	NAME	- Andrew - Department
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	<del> </del>		CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
	<u> </u>		CITY-ST-ZIP	
CITY-ST-ZIP		with this filing does not gualify for	or the exemptions co	ntained in Chapter 119. Florida Statutes, I further certify that the information
	certify that the information supplied v I on this report or supplemental repor	rt is true and accurate and that	my signature shall ha	ve the same legal effect as if made under oath; that I am an officer or director
	certify that the information supplied v I on this report or supplemental repor poration of the receiver or trustee en , or on an attachment with an addres	rt is true and accurate and that inpowered to execute this reports, with all other like empowered	my signature shall ha t as required by Chap d.	ve the same legal effect as if made under oath; that I am an officer or director ster 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
	1 Xxx	// 6	my signature shall ha t as required by Chap d. AUL V. RO	ntained in Chapter 119, Florida Statutes, I further certify that the information ve the same legal effect as if made under oath; that I am an officer or director other 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if