2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000063607

Entity Name: K.MATTHEWS TRUCKING INC.

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1125 GOUPHER SLOUGH RD. 5195 SOUTH SANFORD AVE. MIMS, FL 32754

SANFORD, FL 32773

Current Mailing Address: New Mailing Address:

1125 GOUPHER SLOUGH RD. 5195 SOUTH SANFORD AVE.

MIMS, FL 32754 SANFORD, FL 32773

FEI Number: 56-2453664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MATTHEWS, KRISTIN MATTHEWS, KRISTIN 1125 GOUPHER SLOUGH RD. 5195 SOUTH SANFORD AVE. SANFORD, FL 32773 MIMS, FL 32754 US

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.

SIGNATURE: KRISTIN MATTHEWS 04/21/2006

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MATTHEWS, KRISTIN MATTHEWS, KRISTIN Name: Name: 1125 GOUPHER SLOUGH RD. 5195 SOUTH SANFORD AVE. Address: Address:

MIMS, FL 32754 City-St-Zip: City-St-Zip: SANFORD, FL 32773

Title: VP/T Title: VP/T (X) Change () Addition () Delete Name: MATTHEWS, KRISTIN Name: MATTHEWS, KRISTIN

1125 GOUPHER SLOUGH RD. 5195 SOUTH SANFORD. AVE Address: Address: MIMS, FL 32754 SANFORD, FL 32773 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition

MATTHEWS, KRISTIN Name: MATTHEWS, KRISTIN Name: 1125 GOUPHER SLOUGH RD. 5195 SOUTH SANFORD AVE. Address: Address: City-St-Zip: MIMS, FL 32754 City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTIN MATTHEWS P/D 04/21/2006