• -- PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT Secret			ARTMENT OF STATE stary of State of Corporations	FILED 2008 SEP 22 AH 8: 26		
DOCUMENT # P04000085531 1. Corporation Name P. C. PROTHERS LINITED TRANSPORTION INC.					TALLAHASSEE, FLORIDA	
B&G BROTHERS UNITED TRANSPORTION, INC.				80 09/22	00136223478 70801060008 **600.00	
2. Principal Office Address - No P.O. Box # 3. Mailing O			ddress	انالا <i>س</i> الا ا		
2300 NO	ORTHWEST 132 STREET				REINSTATEMENT	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida	
City & State	3	City & State	City & State		5. FEI Number Applied For	
MIAMI, FLORIDA					55-0869647 Not Applicable	
^{Zip} 33167	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
33 167		s of Current Registered	<u></u>	 -	for a Certificate of Status	
Name	7. Name and Addres	s or current Registered	Agent	- 		
WILBER D. BOYKIN, JR. Street Address (P.O. Box Number is Not Acceptable)				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		
2300 NORTHWEST 132 STREET						
Sulte, Apt. #, Etc.						
City MIAMI			State Zip Code FL 33167	fee be waived.		
8. 1, being	g appointed the registered agent of the	above named corporation	, am familiar with and accept the	obligations of section	on 607.0505 or 617.0503, F.S.	
Signature of Registered			CAT MUST DIOM		Date JUNE 30, 2008	
		REGISTERED AGENT				
9. Name Titles	and Street Addresses of Each Officer and/or Director (Flor Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
PST	WILBER D. BOYKIN, JR.		2300 NORTHWEST 132 STREET		MIAMI, FLORIDA 33167	
<u> </u>				, 		
this n owed on th	einstatement application, the reason for the top the corporation have been paid and its application is true and accurate and ATURE:	dissolution has been ellm I the names of individuals my signature shall have th	inated, the corporate name satisficilisted on this form do not qualify for as same legal effect as if made und	es the requirements or an exemption con der oath	apter 607 or 617, F.S. I further certify that when filing is of section 607.0401 or 617.0401, F.S., that all fees intained in Chapter 119, F.S. The information indicated -30-2008 305-331-8589	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #						