


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000137229 1. Entity Name GOLDEN SAND TRUCKING, INC.						05 NOV 18 PM 12:17 Sec. of STATE TALLAHASSEE, FLORIDA 05	
Principal Place of Business 3242 W 70TH STREET #101 HIALEAH, FL 33018				Mailing Address 3242 W 70TH STREET #101 HIALEAH, FL 33018			
2. Principal Place of Business 3242 W 70TH Street, Suite Apt. #, etc. 101		3. Mailing Address 3242 W 70TH Street Suite Apt. #, etc. 101					
City & State Hialeah, FL		City & State Hialeah, FL		4. FEI Number 27-0105205		Applied For <input type="checkbox"/> Not Applicable	
Zip 33018		Country United States		Zip 33018		Country United States	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				11142005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent RODRIGUEZ, ROLANDO 3242 W 70TH STREET #101 HIALEAH, FL 33018				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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: <u><i>Rolando R</i></u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, ROLANDO 3242 W 70TH STREET #101 HIALEAH, FL 33018			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Rolando R</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11/14/05 (305) 218-9062 <small>Date Daytime Phone #</small>			