


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000152949		
1. Entity Name OJ -N- BEV TRUCKING INC.		

FILED

06 MAY 12 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 535 NW CRACKNEL WAY LAKE CITY, FL 32055	Mailing Address 535 NW CRACKNEL WAY LAKE CITY, FL 32055
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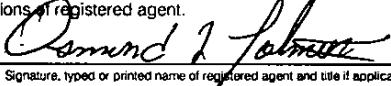
2. Principal Place of Business 535 NW CRACKNEL WAY Suite, Apt. #, etc.	3. Mailing Address 535 NW CRACKNEL WAY Suite, Apt. #, etc.
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05012006 REIN-P CR2E098 (11/05)

City & State LAKE CITY FL 32055	City & State LAKE CITY FL 32055	4. FEI Number 25-1909786	Applied For Not Applicable
Zip 32055	Country U.S.	Zip 32055	Country U.S.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VAUGHN, BEVERLY 535 NW CRACKNEL WAY LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name Osmond Johnson Street Address (P.O. Box Number is Not Acceptable) 535 NW CRACKNEL WAY City LAKE CITY FL Zip Code 32055	
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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 	DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAUGHN, BEVERLY 535 NW CRACKNEL WAY LAKE CITY, FL 32055	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnson, Osmond 535 NW CRACKNEL WAY LAKE CITY FL 32055	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700075100467 05/23/06--01046--025 **308.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 0506	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/06

Date

386-623-5462

Daytime Phone #

M. Williams MAY 12 2006

TO WHOM IT MAY CONCERN COULD YOU

PLEASE WAVE THE 2005 REINSTATEMENT FEE
OF \$600.00 ~~BE~~ DID NOT RECEIVE IT AS A

YES. THANK YOU ~~OSMOND~~ JOHNSON OJ NIBEL Trucking Inc
OSMOND 2 ~~for~~