## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000155783  1. Ertity Name B&J CARGO TRANSPORT INC							O6 APR 11 PM 3: 10			
Principal Place of Business				Mailing Address			1	4ACE/1141。		HĈA
10833 NW 7TH STREET #14				10833 NW 7TH STREET #14						
MIAMI, FL 33172				MIAMI, FL 33172				]		<b>III</b>
2. Principal Place of Business			3.	3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				ATEMEN	E098 (11/05) (	<u> </u>
City & State			_	City & State			201	883205	No	plied F
Zip —————	Country			Zip		itry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						Name	7. Name an	d Address of New Registere	d Agent	
CASTELL'ANOS, BARBARA						Chart Address (C.O. Bay Number (A No. Accordable)				
−10833 NW □#14	7TH STR	EET				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33172									
						City		F	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 Signature, typed or proted rame of required agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$300.00								In accordance with s. 6 corporation did not rece		
10.		OFFICERS AND	DIRE	CTORS	11.		ADDITIONS	CHANGES TO OFFICERS A	ND DIRECTORS	
TITLE NAME	P	☐ Delete	TITL NAM	1			☐ Change	☐ Addition		
STREET ADDRESS	CASTELLANOS, BARBARA 10833 NW 7 ST #14					EET ADORESS				
CITY-ST-ZIP	MIAMI, FI	_ 33172				-ST-ZIP				
TITLE NAME	☐ Delete			☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS City-St-Zip					
TITLE	☐ Delete				ITTL				☐ Change	Addition
NAME						Æ		0007371:		
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP	05/0	02/060100301	.7   **308	3.75	
TITLE				☐ Delete	ΠTL	E			Change	Addition
NAME					NAM	I				
STREET ADDRESS City-St-Zip						EET ADORESS (-ST-ZIP				
TITLE				☐ Delete	THE	£		······································	☐ Change	Addition
NAME Street address					NAM	AE EET ADORESS				
CITY-ST-ZIP						r-ST-ZIP				
TITLE				☐ Delete	TITL	E			☐ Change	☐ Addition
NAME CTREET ADORECC	}				NAM	IE EET ADORESS				
STREET ADDRESS CITY-ST-ZIP						Y-ST-ZIP				
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 cath; 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.										
A11.00										
SIGNATURE: 04 08/06  SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR Delts Delts Delts										

FILED