FILED

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # POYOOO IS 6556 1. Corporation Name ARA HAULING, INC. 2. Principal Office Address Col. VENETIAN DL SAME Suite, Apt. #, etc. City & State City & State City & State Country Country FLORIDA DEPARTMENT OF STATE SECRETARY	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 06 FEB 13 PH 3: 19			
1. Corporation Name ARA HAULING, INC. 2. Principal Office Address 2. Principal Office Address 3. Mailing Office Address O2/17/06—01018—024 **300, 00 2. Principal Office Address Suite, Art. #, etc. 4. Data Incorporation Or Custified To De Blushess in Florida City & State City & State City & State City & State To Describe Information of Custified To Describe Information of State Applied For Principal Office Address of Current Registered Agent Name To Describe Information of State Applied For Principal Office Art. # etc. The Address (P.O. Box Number is Not Accorptable) Solito, Art. #, Etc. City Antawa Solito Agr. #, Etc. City Code FL. Antawa Solito Agr. #, Etc. City Antawa Solito Agr. #,	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECH LARRY OF STATE FALLAHASSELL LEGAIDA	
2. Principal Office Address Solie, Apt. 4, etc. 3. Mailing Office Address Solie, Apt. 4, etc. 4: Data incorporated of Quatifies To be Business in Florids To be Business in Florids 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 8. I, being appointed the ingistering agent of the above pained corporation, an familiar with and accept the obligations of section 607,0050 or 617,053. F.S. Signature of Registered Agent 8. Names and Street Addresses of Each Officer and/or Directors P. Names and Street Addresses of Each Officer and/or Directors Officer and/or Directors	1. Corporation Name			
Suite, Apt. #, etc: City & State City & State Country Co			000066131030 02/17/0601018024 **300.00	
City & State To De Burnber Applied For Not Applied For	GOIL VENETIAN DE	SAME	REINSTATEMENT 05 DE	
2p Country 33 16 2 USA 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name LEDVC LOULE J. Street Address (P.O. Box Number is Not Acceptable) LEDVC LOULE J. Suite, Apt. #, Etc. City File 33462 8. I, being appointed the registered agent of the above pasmed corporation, am familiar with and accept the obligations of section 607,0505 or 617,0505, F.S. Signature of Registered Agent Registered Agent Registered Agent Registered Agent Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7 titles Name of Officers and/or Directors Officers and/or Directors 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporation arms satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application, is true and accrete, and my signature shall have the same legal effect as if made under ceth.	LANTANA, FL		To Do Business in Florida 11-17-2004	
Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, Etc. City LANTAWA State State State Zip Code FL 33462 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officer and/or Director Officer and/or Director City / State / Zip LEDUC LOUTE T. GUIL VENETTAND D. LANTANDA FL 330162 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees over by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accypate, and my signature shall have the same legal effect as if made under ceth.			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
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SIGNATURE:				

February 6, 2006

To: The Division of Corporations

Re: AAA Hauling, Inc. Ref. #: P04000156556

We are asking for an abatement of reinstatement fees for not filing the annual corporate report for 2005. Our client did not receive the original or the second notice stating that the fees were due.

Thank vou.

Deborah Parker, Acct.

561-644-3174