

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000160466 1. Entity Name TM TRANSPORT, CORP.		 06 SEP 25 PM 3: 03	
Principal Place of Business 453 NW 81 ST MIAMI, FL 33150-2810		Mailing Address 782 NW 42ND AVE STE 328 MIAMI, FL 33126	
2. Principal Place of Business 1411 NW 89th Court.		3. Mailing Address P.O. Box 381263	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DORAL, FL		City & State Miami Florida	
Zip 33172		Zip 33238	
Country 		Country 	
4. FEI Number 20-1941455		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILFORT, TAVARES L 453 NW 81 ST MIAMI, FL 33150-2810		7. Name and Address of New Registered Agent Name MILFORT, TAVARES L. Street Address (P.O. Box Number is Not Acceptable) 7721 NW 7 St Bld. #2 Apt 316 City Miami State FL Zip Code 33172	
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 7/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$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	PSTD MILFORT, TAVARES L 453 NW 81 ST MIAMI, FL 331502810	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7721 NW 7 St Bld #2 Apt 316 Miami FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080311578 09/29/06--01061--022 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:		TAVARES L. Milfort 7/20/06 786-256-1497	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	