
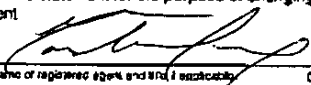
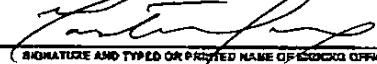


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000029400</b> 1. Entity Name MC TRANSPORT OF ORLANDO, INC.			FILED 06 SEP 28 PM 1:40 CLERK OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 5530 METROWEST BLVD. SUITE 103 ORLANDO, FL 32811		Mailing Address 5530 METROWEST BLVD. SUITE 103 ORLANDO, FL 32811	
2. Principal Place of Business 402 Everwood br. Suite, Apt. #, etc.		3. Mailing Address 402 Everwood br. Suite, Apt. #, etc.	
City & State Kissimmee, FL Zip 34743 Country Osceola		City & State Kissimmee, FL Zip 34743 Country Osceola	
4. FEI Number 20-2400692		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  CASTELLON, MANUEL R 8384 S. KIRKMAN ROAD APT. # 311 ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name: Castellon, Manuel R Street Address (P.O. Box Number is Not Acceptable) 402 Everwood br. City: Kissimmee FL Zip Code: 34743	
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: 			
FILE NOW!!! FEE IS \$160.00 After January 1, 2007, 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: P NAME: CASTELLON, MANUEL R STREET ADDRESS: 8384 S. KIRKMAN ROAD, APT. # 311 CITY-ST-ZIP: ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE: P NAME: Castellon, Manuel STREET ADDRESS: 402 Everwood br. Kissimmee, FL 34743	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: 100080259251 STREET ADDRESS: 09/28/06--01028--020 CITY-ST-ZIP: **150.00	<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 files empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date	Day/Mo/Year