

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000047630

FILED  
Oct 20, 2006  
Secretary of State

Entity Name: DAYSPRING FREIGHT SERVICES,INC.

## Current Principal Place of Business:

2729 SW FONDURA ROAD  
PORT ST. LUCIE, FL 34953 US

## New Principal Place of Business:

2760 SW EDGARCE ROAD  
PORT ST. LUCIE, FL 34953 US

## Current Mailing Address:

763 SW ALTON CIRCLE  
PORT ST. LUCIE, FL 34953 US

## New Mailing Address:

FEI Number: 04-3809778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALEXANDER, PAULETTE  
763 SW ALTON CIRCLE  
PORT ST. LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: PAULETTE ALEXANDER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALEXANDER-BLAIR, PAULETTE  
Address: 763 SW ALTON CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP ( ) Delete  
Name: ALEXANDER, ARTHUR  
Address: 763 SW ALTON CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: TRES ( ) Delete  
Name: ALEXANDER-BLAIR, PAULETTE  
Address: 763 SW ALTON CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: SECY (X) Delete  
Name: ALEXANDER, MATILDA  
Address: 763 SW ALTON CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULETTE BLAIR-ALEXANDER

Electronic Signature of Signing Officer or Director

PRES

10/20/2006

Date