



2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 17 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|---|---------------------------------|--|---|--|
| DOCUMENT # P05000076774 | | | |  | |
| 1. Entity Name LMC GENERAL TRANSPORT CORP. | | | | | |
| Principal Place of Business 606 W 81 ST. HIALEAH, FL 33017 | | | Mailing Address P. O. BOX 171212 HIALEAH, FL 33017 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MOSQUERA, LUIS 606 W 81 ST. HIALEAH, FL 33017 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 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 NAME STREET ADDRESS CITY-ST-ZIP | P.V.P MOSQUERA, LUIS 606 W. 81 ST. HIALEAH, FL 33017 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400080923024 10/17/06--01041--006 **150.00 | |
| 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 | |
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| 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:  | | | 10/12/06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

10/23
aw