2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000078616

1. Entity Name
CORNERSTONE TRANSPORTATION SERVICES INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 14 PM 4:25

Principal Place of Business	Mailing Address
1115 DELWARE AVE FT PIERCE, FL 34950-3026	1115 DELWARE AVE FT PIERCE, FL 34950-3026

11022007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3449 Technology Drive	3449 Technology Drive
Suite, Apt. #, etc.: Ste 107	Suite, Apt. #, etc.: Ste 107
City & State: N. Venice FL	City & State: N. Venice FL
Zip: 34275 Country:	Zip: 34275 Country:

4. FEI Number: 20-2827518 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOGAL, CHRISTOPHER 1115 DELAWARE AVE FT PIERCE, FL 34950-3026	Name: Eric B. Wallingsford Street Address (P.O. Box Number is Not Acceptable): 3449 Technology Drive Ste 107 City: N. Venice FL Zip Code: 34275

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: Eric B. Wallingsford DATE: 11/9/07
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2008, 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	PT WALLINGSFORD, ERIC B 136 WATERFORD TRAIL SCOTTSBORO, AL 35769	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT WALLINGSFORD, ERIC B 3449 Technology Dr. Ste 107 N Venus FL 34275	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100112245311 11/14/07--01003--002 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT07	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 empowerment.

SIGNATURE: Eric B. Wallingsford 11/9/07 941-488-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #