## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000119537  1. Entity Name C.S.E. TRANSPORT INC.								SE( DIVISI	FILED CRETARY OF ON OF CORP	STAT ORATI	E IONS	
205 LAKE POINTE DR 2 208 2				Mailing Address 205 LAKE POINTE DR 208 0AKLAND PARK, FL 33309			1 120822 1	06 N(	DV 20 PM	5: 1	8	
2. Principal Place of Business 3.				3. Mailing Address								
S⊮ite, Apt. #, etc.				Suite, Apt. #, etc.			10162006	REIN-P	CR2E098 (	11/05)		
City & State				City & State			4. FEI Numb	3816469	7		plied For t Applicable	
Zip	Country			Zìp		ry		5. Certificate of Status Desired Sa.75 Additional Fee Required				
	6. Name	and Address of Curre	ent Regis	tered Agent	Name	7. Name and	Address of New F	Registered Agen	t			
EWAN, JA 205 LAKE 208 OAKLAND	POINTE [		s (P.O. Box Numb	er is Not Acceptable		Zip Code	9					
	tions of regist	y submits this statemer ered agent.	nt for the	ourpose of changing its	s registere	ed office or regis	tered agent, or bo				and accept	
SIGNATURE		or printed name of registered a	gent and title	if applicable. (NO1	TE: Registere	d Agent signature rec	quired when reinstating	<i></i>	DATE			
1		FEE IS \$150.00 07, Fee will be \$30	0.00					In accordance corporation did				
10.		OFFICERS A	ND DIRE		11.		ADDITIONS	CHANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EWAN, C 205 LAKE OAKLANI	□ Delete			80 11/20	0 <b>0081</b> 3 70601004	9186C	<sup>Change</sup> H <del>∃</del> ¥150.	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		ET ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ET ADDRESS E	INST	ATEM	IENT	Change O	Addition	
· TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				☐ Delete			3			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delote		- 1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. •			☐ Delete		- 1				Change	Addition	
indicated of the cor changed	l on this repo rporation or th , or on an atti	e information supplied nt or supplemental repo ne receiver of fusice e achment with an addres	rt is true	and accurate and that	my signati	ure shall have th ed by Chapter 6	e same legal effe	ot as if made under es; and that my nam	oath: that I am a	n officer	or director	
SIGNAT	UKE: _	SIGNATURE AND TYPED	OR PRINTE	D NAME OF SIGNING OFFICER	OR DIRECT		,, -	Date	Daytime	Phone #		