

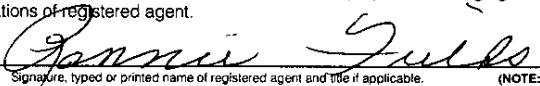
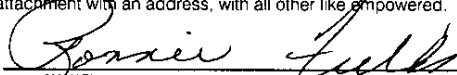


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000124286</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  06 SEP 27 PM 2:25											
<b>1. Entity Name</b> R. FIELDS TRUCKING, INC				<div style="font-size: 2em; font-weight: bold; margin: 0;">REINSTATEMENT</div> <div style="font-size: 1.5em; margin: 5px 0;">06</div> 													
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <b>Principal Place of Business</b>            7601 JOHN F. KENNEDY DR. W.            JACKSONVILLE, FL 32219         </td> <td style="width: 50%; border: none;"> <b>Mailing Address</b>            7601 JOHN F. KENNEDY DR. W.            JACKSONVILLE, FL 32219         </td> </tr> </table>								<b>Principal Place of Business</b> 7601 JOHN F. KENNEDY DR. W. JACKSONVILLE, FL 32219	<b>Mailing Address</b> 7601 JOHN F. KENNEDY DR. W. JACKSONVILLE, FL 32219								
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<b>2. Principal Place of Business</b> 3711 Trout River Blvd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3711 Trout River Blvd Suite, Apt. #, etc.		09202006    REIN-P    CR2E098 (11/05)													
<b>City &amp; State</b> Jacksonville		<b>City &amp; State</b> Jacksonville		<b>4. FEI Number</b> 20-4144222		<table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>Applied For</b></td> <td style="width: 50%; border: none;">Not Applicable</td> </tr> </table>		<b>Applied For</b>	Not Applicable								
<b>Applied For</b>	Not Applicable																
<b>Zip</b> 32208	<b>Country</b> USA	<b>Zip</b> 32208	<b>Country</b> USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>													
<b>6. Name and Address of Current Registered Agent</b>  FIELDS, RONNIE 7601 JOHN F. KENNEDY DR. W. JACKSONVILLE, FL 32219				<b>7. Name and Address of New Registered Agent</b> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>Name</b></td> <td style="width: 50%; border: none;">Ronnie Fields</td> </tr> <tr> <td style="width: 50%; border: none;"><b>Street Address (P.O. Box Number is Not Acceptable)</b></td> <td style="width: 50%; border: none;">7601 John F Kennedy Drive W</td> </tr> <tr> <td style="width: 50%; border: none;"><b>City</b></td> <td style="width: 50%; border: none;">Jacksonville</td> </tr> <tr> <td style="width: 50%; border: none;"><b>State</b></td> <td style="width: 50%; border: none;">FL</td> </tr> <tr> <td style="width: 50%; border: none;"><b>Zip</b></td> <td style="width: 50%; border: none;">32219</td> </tr> </table>				<b>Name</b>	Ronnie Fields	<b>Street Address (P.O. Box Number is Not Acceptable)</b>	7601 John F Kennedy Drive W	<b>City</b>	Jacksonville	<b>State</b>	FL	<b>Zip</b>	32219
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<b>State</b>	FL																
<b>Zip</b>	32219																
<b>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.</b>																	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>9-25-2006</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.													
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>													
<b>TITLE</b> PD	<b>NAME</b> FIELDS, RONNIE			<input type="checkbox"/> Delete	<b>TITLE</b> Ronnie Fields	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
<b>STREET ADDRESS</b> 7601 JOHN F. KENNEDY DR. W.	JACKSONVILLE, FL 32219				<b>STREET ADDRESS</b> 7601 John F Kennedy Dr W	Jacksonville Florida 32219											
<b>CITY - ST - ZIP</b>	JACKSONVILLE, FL 32219				<b>CITY - ST - ZIP</b>	Jacksonville Florida 32219											
<b>TITLE</b> S	<b>NAME</b> HAMPTON, JOHN			<input type="checkbox"/> Delete	<b>TITLE</b> John Hampton	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
<b>STREET ADDRESS</b> 7601 JOHN F. KENNEDY DR. W.	JACKSONVILLE, FL 32219				<b>STREET ADDRESS</b> 7601 John F Kennedy Drive W	Jacksonville Florida 32219											
<b>CITY - ST - ZIP</b>	JACKSONVILLE, FL 32219				<b>CITY - ST - ZIP</b>	Jacksonville Florida 32219											
<b>TITLE</b> [Blank]	<b>NAME</b> [Blank]			<input type="checkbox"/> Delete	<b>TITLE</b> [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition											
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<b>CITY - ST - ZIP</b>	[Blank]				<b>CITY - ST - ZIP</b>	[Blank]											
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<b>CITY - ST - ZIP</b>	[Blank]				<b>CITY - ST - ZIP</b>	[Blank]											
<b>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.</b>																	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>9-25-06</b>		Daytime Phone # <b>904-226-9045</b>											