



2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000134107		
1. Entity Name BRABOL TRANSPORT, INC.		

Principal Place of Business 3406 W. UNION ST. TAMPA, FL 33607 US	Mailing Address 3406 W. UNION ST. TAMPA, FL 33607 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>PO BOX 15105</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>TAMPA - FL</i>		City & State <i>TAMPA - FL</i>	
Zip <i>33684</i>	Country <i>USA</i>	Zip <i>33684</i>	Country <i>USA</i>

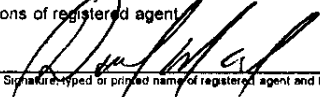
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SEAL 235798686
TAMPA FL 33607
06/01/12
FLORIDA *900.00



06012012 REIN-P CR2E098 (12/11)

4. FEI Number 37-1516313		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARISCAL, ROBERT 3406 W. UNION ST. TAMPA, FL 33607		7. Name and Address of New Registered Agent 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.

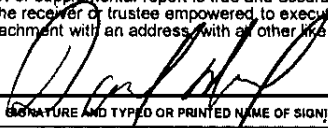
SIGNATURE  DATE _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MARISCAL, ROBERT 3406 W. UNION ST. TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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 another line empowered.

SIGNATURE:  DATE _____ E-MAIL ADDRESS _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR