


2006 FOR PROFIT CORPORATION REINSTATEMENT


11/2

DOCUMENT # P05000139980		
1. Entity Name N.L.N TRANSPORT, INC		

Principal Place of Business 1712 SW 20 STREET FT. LAUDERDALE, FL 33315	Mailing Address 1712 SW 20 STREET FT. LAUDERDALE, FL 33315
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 NOV -3 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

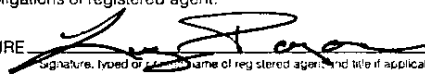


10262006 REIN-P CR2E098 (11/05)

4. FEI Number 203642134	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PAGAN, LUZ D 1712 SW 20 STREET FT. LAUDERDALE, FL 33315	7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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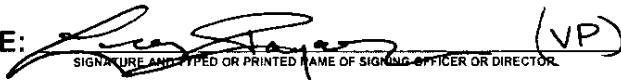
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 10/26/06
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, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAGAN, NELSON 1712 SW 20 STREET FT. LAUDERDALE, FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/30/06 60051 017-15375
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAGAN, LUZ D 1712 SW 20 STREET FT. LAUDERDALE, FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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
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
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 all other like empowered.

SIGNATURE:  (VP) DATE 10/26/06 954-243-1897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2

10/2/06

Dear Michelle,

Spoke with you today regarding
an incorrect reinstatement.

: P04000069252 (Always Freight)

You ask to send in the form
to the correct corp to be
reinstated. You advised me
you would be able to
apply the money to the
correct corp.

: P05000139980 (PLN Transport)

Thank You for your help.

Kathleen Leon

786-253-8654

kathleon@bellsouth.net



Corp. - Mc Authority - Dot - Boc3 - Ifa - Irp - Fuel Tax

Phone: (786) 253-8729

Lily

Phone: (786) 253-8654

Kathy

Fax: (305) 823-4183

(Se Habla Español)