

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000157172 1. Entity Name G.M. TRUCKING ENTERPRISES INC.						FILED 06 OCT 17 AM 11:00 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 945 DARTMOUTH AVE. CLERMONT, FL 34711				Mailing Address 945 DARTMOUTH AVE. CLERMONT, FL 34711			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MAHADEO, GANESHRAM 945 DARTMOUTH AVE. CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 113546865			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P MAHADEO, GANESHRAM 945 DARTMOUTH AVE. CLERMONT, FL 34711				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 6000811495.56 10/24/06--01029--019 **150.00 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/23 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: <u>Ganeshram Mahadeo</u> GANESHRAM MAHADEO 10/10/06 347)739-2193 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							