2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000040252

Entity Name: AMEN TRANSPORT INC

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7511 NW 40 COURT CORAL SPRINGS, FL 33065 US **Current Mailing Address: New Mailing Address:** 7511 NW 40 COURT CORAL SPRINGS, FL 33065 US FEI Number: 20-4522798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOQUE, SHARJIMA 7511 NW 40 COURT CORAL SPRINGS, FL 33065 US 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. SIGNATURE: SHARJIMA HOQUE Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HOQUE, MAJEDUL Name: Name: 7511 NW 40 COURT Address: Address: CORAL SPRINGS, FL 33065 US City-St-Zip: City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: HOQUE, SHARJIMA Name: 7511 NW 40 COURT Address: Address: CORAL SPRINGS, FL 33065 US City-St-Zip: City-St-Zip: Title: () Delete Title: VP. () Change () Addition HAQUE, MASUMA A Name: Name: 7511 NW 40 COURT Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 US City-St-Zip: Title: SECR () Delete Title: () Change () Addition HOQUE, SONIA Name: Name: Address: 7511 NW 40 COURT Address: City-St-Zip: CORAL SPRINGS, FL 33065 US City-St-Zip: Title: MANG Title: () Delete () Change () Addition HAQUE, KAMRUZZAMA Name: Name: 7511 NW 40 COURT Address: Address: CORAL SPRINGS, FL 33065 US City-St-Zip: City-St-Zip: Title: MANG () Delete Title: () Change () Addition Name: HAQUE, RAHIMA Name: 7511 NW 40 COURT Address: Address: City-St-Zip: City-St-Zip: 7511 NW 40 COURT, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARJIMA HOQUE MS. 04/22/2009