


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000121750		
1. Entity Name HIGHWAY LOGISTICS, INC.		

FILED
07 DEC 19 AM 11:34

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 530 FORREST DR. MIAMI SPRINGS, FL 33166 US	Mailing Address 530 FORREST DR. MIAMI SPRINGS, FL 33166 US
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2. Principal Place of Business - No P.O. Box # <u>530 Forrest Dr</u>	3. Mailing Address <u>530 Forrest Dr</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State <u>MIAMI Springs, FL</u>	City & State <u>MIAMI Springs, FL</u>
Zip <u>33166</u>	Zip <u>33166</u>
Country <u>US</u>	Country <u>US</u>

4. FEI Number <u>20-5592389</u>	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 LAXMY'S CARRIER SERVICES 8181 NW 36 TH STREET STE 14C MIAMI, FL 33166

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>12/14/07</u> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P FERRO, ERNESTO 530 FORREST DR. MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete VP GONZALEZ, ALFREDO POST OFFICE BOX 347761 MIAMI, FL 33234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>500113276235</u> <u>12/19/07--01038--010</u> <u>**150.00</u>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>12/14/07</u> DAYTIME PHONE # <u>305 401-1148</u>