PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION' REINSTATEMENT	Se	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations		SECRETARY OF STATE DIVISION OF CONTROL ATTOMS 10 MAR 19 AM 9: 32	
DOCUMENT # 08 0000 589 4					
Macamar Trucking Inc. 2756 River Run Pt Navarre Fl 3256				03/08/	08171395137 _{0.00}
Principal Office Address - No P.O. Box # 3. Mailing Office Address 27576 Ruser Rus Rd 2756 Ruser Rus Rd			REIN	STATEMENT, 09-10	
Suite, Apt. #, etc City & State	Suite, Apt. #. etc	<u> </u>			porated or Qualified 2-13-2006
-			32966		
32545 5	33-5	ميدا	حک ّ	6. CERTIFICATE	OF STATUS DESIRED D St.75 Additional February of States
7. Name and Address of Current Registered Agent					
Name Christopher abamson				The reinstatement fee is imposed, except in circumstances which the entity did not receive	
Street Address (P.O. Box Number is Not Acceptable)				the prior notices. By checking this box, you are certifying the prior notices were not	
Suite, Apt. #, Etc.				received and requesting the reinstatement	
Ma volve F 32566 FL 32566				fee be wahqe d 1 71395137 03/18/1001034017 **150.00	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent Park REGISTERED AGENT MUST SIGN					Data 3-1-10
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip
P Christopher adamson 2756 River Byn Navarre F32766					
					2/18/10
REINSTATEMENT 04-10					
				·- <u>-</u>	
		<u></u> -			
10. E-mail Address: pambonadonna 2 jahoo. (ce					
(To be used to future annual report notification). [1] I certify that I am an officer or director or the receiver or trusted empowered to execute this application as provided for in chapter 607 or 617, F.S. I further carilly that when filing					
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under ceth.					
SIGNATURE: CHRIS ADAYNSON 3-1-10 (89)341-7741 BIGMATURE AND TYPED OR PRINTED NAME OF BIORING OFFICER OR DIRECTOR Day Day Day Day Day Day Day Da					