2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000064505

Entity Name: VANY TRANSPORTATION, INC.

FILED Oct 23, 2009 Secretary of State

Current Pr	incinal Place	of Business:	New Prince	cipal Place of Business:		
	OOD DRIVE		New I III	cipal i lace of Basiliess.		
Current Mailing Address:			New Mailing Address:			
147 DOGW OCALA, FL	/OOD DRIVE . 34472	CIRCLE				
FEI Number:	26-2957963	FEI Number Applied For()	FEI Number Not App	Olicable () Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	d Address of New Registered Agent:		
147 DOGW OCALA, FL		5	pose of changing	its registered office or registered agent, or both,		
in the State	of Florida.					
SIGNATUR		/ANY QUINTANA				
ln accordance		nic Signature of Registered Agent		Date		
		3(2)(b), F.S., the corporation did not r g Trust Fund Contribution ().	eceive the phor hotic	ce.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	QUINTANA, YO	D DRIVE CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D/P () Change (X) Addition QUINTANA, YOSVANY 147 DOGWOOD DR CIR OCALA, FL 34472		
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D/P () Change (X) Addition QUINTANA, YOSVANY 147 DOGWOOD DR CIR OCALA, FL 34472		
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Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D/P () Change (X) Addition QUINTANA, YOSVANY 147 DOGWOOD DR CIR OCALA, FL 34472		
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	D/P () Change (X) Addition QUINTANA, YOSVANY 147 DOGWOOD DR CIR OCALA, FL 34472		

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: YOSVANY QUINTANA D/P 10/23/2009