PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 MAY 22 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/23/07--01005--010 **3000.00

REINSTATEMENT 92-07
CR2E081 (12/05)

DOCUMENT # P25738

1. Corporation Name

ACE TRANSPORTATION, INC.

2. Principal Office Address		**3.** Mailing Office Address	
3721 HWY 90 EAST		P.O. BOX 91714	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
BROUSSARD, LA		LAFAYETTE, LA	
Zip	Country	Zip	Country
70518	U.S.	70509	U.S.

4. Date Incorporated or Qualified To Do Business in Florida 7/22/1982

5. FEI Number 72-0948206 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: THERESA C. O'BRIEN

Street Address (P.O. Box Number is Not Acceptable): 20244 MELVILLE ST.

Suite, Apt. #, Etc.:

City: ORLANDO | State: FL | Zip Code: 32833

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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
PRES	JAMES H. GLASGOW	3721 HWY 90 EAST	BROUSSARD, LA 70518
VP	BILL A. BUSBICE, JR.	3721 HWY 90 EAST	BROUSSARD, LA 70518
DIR.	BILL A. BUSBICE, JR.	3721 HWY 90 EAST	BROUSSARD, LA 70518

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 3/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tlewis