


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P92000011135</b>	
1. Entity Name <b>FOUR WAY FREIGHT, INC.</b>	

Principal Place of Business <b>4715 NW 36TH AVE MIAMI, FL 33142</b>	Mailing Address <b>P.O. BOX 131 CLAYSVILLE, PA 15323</b>
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2. Principal Place of Business <b>4715 NW 36th AVE</b>	3. Mailing Address <b>P.O. Box 131</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI, FLORIDA</b>	City & State <b>CLAYSVILLE, PA.</b>
Zip <b>33142</b>	Zip <b>15323</b>
Country <b>USA</b>	Country <b>USA</b>

FILED

04 NOV -1 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10262004 REIN-P CR2E098 (6/04)

4. FEI Number <b>65-0372706</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>KELLEY, DONALD A 4715 NW 36TH AVE MIAMI, FL 33142</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O.-Box Number is Not Acceptable)	
City	
<b>FL</b>	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: *Don Kelley* DATE: 10/26/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO VICTORIA, JOHN N 340 OLD SCALES RD. WASHINGTON, PA 15301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S VICTORIA, LESLEY A 340 OLD SCALES RD. WASHINGTON, PA 15301</b> <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
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 <b>900042353309 11/01/04--01054--013 **750.00</b>
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 exemption stated in Section 119.07(3)(i), 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: *John N. Victoria* DATE: 10/26/04 DAYTIME PHONE: 724-228-6680  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR