

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 SEP 24 AM 11:57	
DOCUMENT # P93000026781					
1. Corporation Name <i>H. N. Trucking Inc.</i>					
Principal Place of Business <i>4957 Eastwind St</i> <i>Orlando, Fl. 32812</i>			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <i>4-16-93</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>59-3183743</i>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
	<i>Pres. Howard L Zorn</i>	<i>4957 Eastwind St</i>	<i>Orlando, Fl 32812</i>		
	<i>Sec Norma Zorn</i>	<i>4957 Eastwind St</i>	<i>Orlando, Fl 32812</i>		
	<i>Treas Norma Zorn</i>	<i>4957 Eastwind St</i>	<i>Orlando, Fl. 32812</i>		
700003007827--6 -10/06/99--01080--024 ****750.00 ****750.00					
8. Name and Address of Current Registered Agent <i>R. Edward Cooley</i> <i>1450 P.R. 434 West</i> <i>Suite 200</i> <i>Longwood, FL 32750</i>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent			Date		
REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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 under section 119.07(3)(i), 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: <i>Norma Zorn</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>NORMA ZORN</i>		9. 21. 99 Date		(407) 482-5957 Daytime Phone #	

CR2E031 (12/98)

ARTICLES OF INCORPORATION OF
H & N TRUCKING, INC.

The undersigned subscriber to the Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation will be H & N TRUCKING, INC. and the principal place of business of the corporation shall be 4957 Eastwind Street, Orlando, Florida 32812.

ARTICLE II. NATURE OF BUSINESS

The corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares that this corporation is authorized to have outstanding at any one time is 5,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV. REGISTERED AGENT NAME AND ADDRESS

The street address of the initial registered agent of the corporation is 1450 SR 434 West, Suite 200, Longwood, Florida 32750 and the name of the initial registered agent of the corporation is R. EDWARD COOLEY.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have two officers and two directors initially. The name and street address of the initial

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer(s) and director(s) who shall hold office for the first year of the corporation, or until his successor is elected or appointed, is:

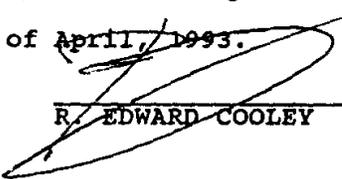
HOWARD L. ZORN P/D
4957 Eastwind St.
Orlando, FL 32812

NORMA ZORN S/T/D
4957 Eastwind St.
Orlando, FL 32812

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is R. EDWARD COOLEY, 1450 SR 434 West, Suite 200, Longwood, Florida 32750.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 7th day of April, 1993.



R. EDWARD COOLEY

Sworn to and subscribed before me this 7th day of April, 1993.



Notary Public, State of Florida
JAN A. LINGO
My commission expires:

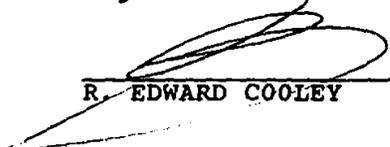


JAN A. LINGO
MY COMMISSION # CC 217539 EXPIRES
July 30, 1996
BONDED THRU TROY FARM INSURANCE, INC

Personally known OR Produced Identification _____
Type of Identification Produced _____

ACCEPTANCE BY REGISTERED AGENT

I HEREBY am familiar with and accept the duties and responsibilities as registered agent for said corporation.



R. EDWARD COOLEY