


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000033919 1. Entity Name DUMP TRUCK SERVICES, INC.			FILED 06 JUN -7 PM 3: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 7077 RIVERSIDE DRIVE PUNTA GORDA, FL 33982		Mailing Address PO. BOX 510367 PUNTA GORDA, FL 33950	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 65-0408681		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent FAPPIANO, LINDA M 2640 GRANDVIEW DRIVE NORTH PORT, FL 34288		7. Name and Address of New Registered Agent Name DAVID K. OAKS, P.A. Street Address (P.O. Box Number is Not Acceptable) 407 East Marion Avenue, Suite 101 Punta Gorda, FL 33950 City FL Zip Code 33950	
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: <u><i>Thomas Fappiano</i></u> <u><i>V.P. Thomas Fappiano</i></u> <u><i>6/11/06</i></u> <small>Signature (typed or printed name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$300.00		in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME FAPPIANO, LINDA M STREET ADDRESS 1156 KIRKWOOD ST CITY- ST- ZIP NORTH PORT, FL 34288110	<input type="checkbox"/> Delete	TITLE SECRETARY NAME Linda M. Fappiano STREET ADDRESS 2640 Grandview Drive, North Port, FL 34288 CITY- ST- ZIP 2640 Grandview Drive, North Port, FL 34288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME THOMAS L. FAPPIANO STREET ADDRESS 4072 DURANT ST CITY- ST- ZIP MURDOCK, FL	<input type="checkbox"/> Delete	TITLE Vice President / Director NAME Thomas L. Fappiano STREET ADDRESS 2777 GASPAR AVENUE CITY- ST- ZIP North Port, FL 34288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME FALKENSTERN, PETER STREET ADDRESS 235 WATERWAY CIRCLE CITY- ST- ZIP PORT CHARLOTTE, FL 33939	<input type="checkbox"/> Delete	TITLE President / Director NAME Peter Falkenstern STREET ADDRESS PO. BOX 510367 CITY- ST- ZIP PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained 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 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: <u><i>Thomas Fappiano</i></u> <u><i>V.P. Thomas Fappiano</i></u> <u><i>6/11/06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MO/YR</small>			



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