


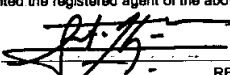
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P9500000 6243			
1. Corporation Name JSK TRUCKING INC 13005 SAN ANTONIO WDS LN. ORLANDO, FL 32824			
2. Principal Office Address 13005 SAN ANTONIO Suite, Apt. #, etc. WDS LN. City & State ORLANDO, FL Zip 32824 Country ORANGE		3. Mailing Office Address 13005 SAN ANTONIO WDS LN. Suite, Apt. #, etc. City & State ORLANDO, FL Zip 32824 Country ORANGE	

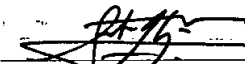
FILED
02 MAY 31 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 1/20/1995	
5. FEI Number 59-329-5961	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name ANTONIO L. HENRIQUES			
Street Address (P.O. Box Number is Not Acceptable) 13005 SAN ANTONIO WDS LN.			
Suite, Apt. #, Etc.			
City ORLANDO, FL	State FL	Zip Code 32824	600005766033-1 -06/13/02--0107--026 ***900.00 ***900.00

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 5/28/2002
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
P	ANTONIO HENRIQUES	13005 SAN ANTONIO WDS LN	ORLANDO, FL 32824
VP	JANE HENRIQUES	13005 SAN ANTONIO WDS LN.	ORLANDO, FL 32824

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 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: 	Date 5/28/02 (407) 226-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E001 (3/01)