

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																					
<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # 996000078278</div><div style="text-align: right;">FILED FEB-3 PM 2:01 TALLAHASSEE, FLORIDA</div></div>																																							
1. Corporation Name FIRST CHOICE CARRIERS INC.																																							
Principal Place of Business 7770 W. Oakland Pk. Blvd. Suite 450 Sunrise, Fl. 33351		Mailing Address Same																																					
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>																																							
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country																																					
		4. Date Incorporated or Qualified To Do Business in Florida 06/09/1997																																					
		5. FEI Number 65-0695162																																					
		Applied For <input type="checkbox"/> Not Applicable																																					
		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)																																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Title(s)</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 40%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th style="width: 20%;">City / State / Zip</th></tr></thead><tbody><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td>Pres</td><td>David E. Bell</td><td>7770 W. Oakland Pk. Blvd. Suite 450</td><td>Sunrise, Fl. 33351</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				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	1	2	3	4	Pres	David E. Bell	7770 W. Oakland Pk. Blvd. Suite 450	Sunrise, Fl. 33351																								
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8. Name and Address of Current Registered Agent DAVID E. BELL 7770 W. OAKLAND PK. BLVD. SUITE 450 SUNRISE, FL. 33351		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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent REGISTERED AGENT MUST SIGN</div><div>Date 2/1/99</div></div>																																							
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input 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.																																							
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: David E. Bell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div>2/1/99 Date</div><div>(954) 747-8800 Daytime Phone #</div></div>																																							