PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Names 2. Principal Office Address 2. Principal Office Address 3. Mailing Office Address 50.79 W. Beaver St. Suite, Apt. 4, etc. 4. Date Incorporated or Qualified 2 - 23 - 1998 5. ER Number Substance of Charles of Finds Substance of Charles of Finds Substance of Charles of Finds To Do Baumers in Finds 2. 23 - 1998 5. ER Number Substance of Charles of Finds Substance of Charles of Finds To Do Baumers in Finds 2. 23 - 1998 5. Fig. Number Substance of Charles of Finds To Do Baumers in Finds 2. 23 - 1998 6. Centrip Late Office of Stands Described in The Substance of Charles of Finds To Do Baumers in Finds To Do Code Finds The Substance of Charles and the Discount of Finds To Do Code Finds The Substance of Charles and the Discount of Finds The Substance of Charles in Finds To Do Code Finds The Substance of Charles in Finds To Do Code Finds The Substance of Charles in Finds To Do Code Finds The Substance of Charles in Finds To Do Code Finds The Substance of Charles in Finds To Do Code Finds The Substance of Charles in Finds To Do Code Finds The Substance of Charles in Finds To Do Code Finds The Substance of Charles in Finds To Do Code Finds The Substance of Charles in Finds To Do Code Finds To Do Code Finds The Substance of Charles To Do Code Finds To Do Code Finds The Substance of Charles To Do Code Finds The Substance of Charles To Do Code Finds The Substance of Charles To Do Code Finds To Do Code Finds The Substance of Charles To Do Code Finds The Substance of Charles To Do Code Finds To Do Code Finds To Do Code Finds To Do Code Finds To Do Co	CORPORATION REINSTATEMENT OF STATE Secretary of State DIVISION OF CORPORATIONS							FILED 04 JUN 15 AN 9:26				
2. Principal Office Addresses 5079 W. Beaver St. Suite, April. gets Su								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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City & State Ci	5079 W. Beaver st. 5079 W. Beaver st.							REINSTATEMENT 03-03				
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State Stat	Jacksonville, Florida Oackson				rville.	Yor	ida	5. FEI Numb			Applie	ed For
Name of Street Addresses of Each Officer and/or Director (Florida nonprolit corporations must list at least 3 directors) 1. Name of Officer and/or Directors 1. Webber 5079 W. Beaver 5+ Jacksonville, H 32254 1. Learny 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. Huther certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate names astistices the requirements of section 607,000 or 617,000, F.S. The information reduced on this application is true and accurate, paymy signature shall have the same legal effect as it made under carb. Name of Control o	Zip	Country / G.									e required	
Sites Addresses P.O. Box Number is Not Acceptable												
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 Officer	÷.	Michael E. Webber / Michaels Diesel Service Inc. Street Address (P.O. Box Number is Not Acceptable) 5079 W. Beaver St. Suite, Apt. #, Etc. 400038037454 06/17/04-01014-006 **901.00										
Titles Officers and/or Directors Street Address of Each Officer and/or Director Prichael E. Welber 5079 W. Beaverst. Jackson ville, H. 32354 VR. Tabitha J. Welsch 5079 W. Beaverst. Jackson ville, H. 32354 T. Michael E. Webber 5079 W. Beaverst. Jackson ville, H. 32354 T. Michael E. Webber 5079 W. Beaverst. Jackson ville, H. 32354 S. Tabitha J. Welsch 5079 W. Beaverst. Jackson ville, H. 32354 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, 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: More To the receiver of 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: More T. M. S. L. C. Webber (A. 44-04) (904) 378-0444	8. I, being appointed the registered agent of the above named corporation, arm familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date Date											
Michael E. Webber 5079 W. Beaverst. Jacksmyille, H. 32254 Tabitha J. Welsch 5079 W. Beaverst. Jacksmyille, H. 32254 T. Michael E. Webber 5079 W. Beaverst. Jacksmyille, H. 32254 T. Michael E. Webber 5079 W. Beaverst. Jacksmyille, H. 32254 T. Michael E. Webber 5079 W. Beaverst. Jacksmyille, H. 32254 Tabitha J. Welsch 5079 W. Beaverst. Jacksmyille, H. 32254 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 filling this reinstatement application, the reason for dissolution has been eleminated, the corporate name satisfies the requirements of section 607.0401, 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)(1), 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: Model E. Webber 6-14-04 (904)378-04444	9. Names	and Street Address	es of Each Officer ar	d/or Director (Flo	rida nonprofit cor	porations r	nust list at lea	ast 3 directors)				
VR. Tabitha J. Welsch 5079 W. Beaver st. Jacksonville, #1 32254 I Michael E. Webber 5079 W. Beaver st. Jacksonville, #1 32254 S. Tabitha J. Welsch 5079 W. Beaver st. Jacksonville, #1 32254 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)(1), 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: Make Sulle Michael E. Webber 6-14-04 (904)378-0444	Titles								City / State / Zip			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												