

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Kathryn Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 10 AM 9:38

DOCUMENT # P98000044395

1. Corporation Name

JAM-LAND TRUCKING, INC.

2. Principal Office Address

10913 FILLMORE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

10913 FILLMORE DRIVE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FLORIDA

City & State

BOYNTON BEACH, FLORIDA

Zip

33437

Country

PALM BEACH

Zip

33437

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/98

5. FEI Number

65-0834192

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES G. SANCHEZ

500004548365--3

Street Address (P.O. Box Number is Not Acceptable)

10913 FILLMORE DRIVE

08/22/01-01031-005

***308.75 ***308.75

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State
FL

Zip Code

33437

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 8/3/2001

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
D/P	JAMES G. SANCHEZ	10913 FILLMORE DRIVE	BOYNTON BEACH, FLORIDA 33437
			SP

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:

JAMES G. SANCHEZ

PRINTED NAME AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/2001

8/3/2001

(561) 389-4729

Daytime Phone #

CR2E081 (9/00)