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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
2006 SEP -5 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E081 (12/05)

DOCUMENT # *P98000087792*
1. Corporation Name *B. & Z. TRANSPORT, CORP.*

2. Principal Office Address <i>9715 SW 114 CT</i>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami, FL</i>		City & State	
Zip <i>33176</i>	Country <i>USA</i>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <i>10/14/1998</i>	
5. FEI Number <i>65-0869950</i>	Applied For 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 <i>Zurama Becerra</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>9715 SW 114 CT</i>	
Suite, Apt. #, Etc.	
City <i>Miami</i>	State FL
	Zip Code <i>33176</i>

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 *[Signature]* Date *8-10-06*

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
<i>P</i>	<i>Zurama Becerra</i>	<i>9715 SW 114 CT</i>	<i>Miami, FL 33176</i>
<i>VP</i>	<i>Jose' R. Becerra</i>	<i>9715 SW 114 CT</i>	<i>Miami, FL 33176</i>

B 9/6/06
REINSTATEMENT OK
100079716161
09/12/06--01031--002 **908.75

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 contained in Chapter 119, 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: *[Signature]* Date *8-10-06* Daytime Phone # *(305) 412-4915*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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08/10/06

To: Department of State
Division of Corporation

From: Zurama Becerra,

By means of this letter I am requesting you to, please; reinstate my corporation since I did not received the 2001 annual report document. Attached find a check in the amount of \$900.00 which I was requested to send for this purpose.

I really appreciate your understanding and your prompt respond.

Sincerely,

A handwritten signature in black ink, appearing to read "Zurama Becerra", written over a horizontal line.