


pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 SEP 12 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000105211

1. Corporation Name
O L TRUCKING, INC.

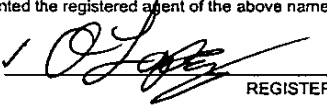
2. Principal Office Address 2600 W. CARANDIS RD Suite, Apt. #, etc. City & State WEST PALM BEACH, FL Zip 33406 Country		3. Mailing Office Address 2600 W. CARANDIS RD Suite, Apt. #, etc. City & State WEST PALM BEACH, FL Zip 33406 Country U.S.A.	
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4. Date Incorporated or Qualified To Do Business in Florida 01/02/1999	
5. FEI Number 65-0884543	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

2603-05 Reu

7. Name and Address of Current Registered Agent		
Name OMAR LOPEZ		
Street Address (P.O. Box Number is Not Acceptable) 2600 W. CARANDIS RD		
Suite, Apt. #, Etc.		
City WEST PALM BEACH, FL	State FL	Zip Code 33406

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.

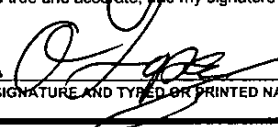
Signature of Registered Agent  OMAR LOPEZ Date 07/28/05

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/D	OMAR LOPEZ	2600 W. CARANDIS RD	W. PALM BEACH, FL 33406

800058107518
08/01/05--01057--024 **450.00

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:  OMAR LOPEZ Date 07/28/05 (56)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

pg 20F2

July 28, 2005


Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: O L TRUCKING, INC.
P98000105211
Reinstatement

To Whom It May Concern:

Enclosed find check for \$450.00 to pay for the 2003, 2004 & 2005 Annual Reports. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,


Omar Lopez