PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name O L TRUCKING OF PALM BEACH, INC. 700156728047 06/03/0901026010 **450.00 2. Principal Office Address - No P.O. Box # 2600 W CARANDIS ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated in Qualified To Do Business in Florida O1/02/1999 City & State WEST PALM BEACH, FL VEST PALM BEACH, FL Zip Country Country Zip Country	CORPORAT REINSTATEM	1500000 (2.2.0000)	Secret	ARTMENT OF STATE ary of State F CORPORATIONS		FILED O9 JUN -3 PH 3:51	
2. Principal Office Address - No P.O. Box # 2600 W CARANDIS ROAD 2. Principal Office Address - No P.O. Box # 2600 W CARANDIS ROAD 2. Suite, Apl. #, etc. 2. Suite, Apl. #, etc. 2. Date Incorporated in Outstiffed To De Business in Florida O1/02/1999 2. Date Incorporated in Outstiffed To De Business in Florida O1/02/1999 2. Date Incorporated in Outstiffed To De Business in Florida O1/02/1999 2. Date Incorporated in Outstiffed To De Business in Florida O1/02/1999 3. Applied For Sc. PEL Number of To De Business in Florida O1/02/1999 3. Applied For Sc. PEL Number of Sc. PEL Number of Outstiffed To De Business in Florida O1/02/1999 3. Applied For Sc. PEL Number of Sc. PEL Number of O1/02/1999 3. Applied For Osc Outstiff O1/02/1999 3. Name OMAR LOPEZ 3. Mailing Office Address of Current Registered Agent 7. Name and Address of Current Registered Agent 3. Mailing Office Address of Each Officer and/or Directors 3. Mailing Office Address of Each Officer and/or Directors 3. Mailing Office Address of Each Officer and/or Directors 3. Mailing Office Address of Each Officer and/or Directors 3. Mailing Office Address of Each Officer and/or Directors 3. Mailing Office Address of Each Officer and/or Directors 3. Mailing Office Address of Each Officer and/or Directors 3. Mailing Office Address of Each Officer and/or Directors 3. Mailing Office Address of Each Officer and/or Directors 3. Mailing Office Address of Each Officer and/or Directors 3. Mailing Office Address of Each Officer and/or Directors 3. Mailing Office Address of Each Officer and/or Directors 3. Mailing Office Address of Each Officer and/or Directors 3. Mailing Officer Address of Each Officer and/or Directors 3. Mailing Officer Agent Agen					700156728047 06/03/0901026010 **450.00		
City & State WEST PALM BEACH, FL WEST PALM BEACH, FL VEST PALM BEACH, FL The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. State 33406 State 33406 State 33406 State 33406 State 33406 Registered Agent REGISTERED AGENT MUST SIGN Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors City / State / Zip Coty Date Date	2. Principal Office Address · No P.O. Box # 3. Mailing Office Address						
WEST PALM BEACH, FL Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.				
Zip 33406 USA 33406 USA 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee requirements of Status of St	1 • • • • • • • • • • • • • • • • • • •) '		5. FEI Number Applied For		
Name OMAR LOPEZ Street Address (P.O. Box Number is Not Acceptable) 2600 W CARANDIS ROAD Suite, Apt. #, Etc. City WEST PALM BEACH 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 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 Code State Zip Code Teceived and requesting the reinstatement fee be waived. Pate City / State / Zip	•	· ·	- ·	•		\$8.75 Additional Foo sequire	
OMAR LOPEZ Street Address (P.O. Box Number is Not Acceptable) 2600 W CARANDIS ROAD Suite, Apt. #, Etc. City WEST PALM BEACH State FL State FL State FL State Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address (P.O. Box Number is Not Acceptable) circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. State FL State FL State FL State Signature of Registered Agent 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 Officers and/or Directors City / State / Zip City / State / Zip		7. Name and Address o	f Current Registered A	gent		,	
Street Address (P.O. Box Number is Not Acceptable) 2600 W CARANDIS ROAD Suite, Apt. #, Etc. City WEST PALM BEACH State FL State FL State Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director City / State / Zip City / State / Zip City / State / Zip	Name OMAR LOPEZ						
Suite, Apt. #, Etc. City WEST PALM BEACH State FL 33406 State FL 3406 State FL S	Street Address (P.O. Box Number is Not Acceptable) 2600 W CARANDIS ROAD				the prior notices. By checking this box, you		
State FL 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 Pate Pate Pate Pate Pate Pate Pate Pat	Suite, Apt. #, Etc.				received and requesting the reinstatement		
Signature of Registered Agent							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director. City / State / Zip	Signature of					•	
Officers and/or Directors Officer and/or Director Officer and/or Director	9. Names and Street	Addresses of Each Officer an	d/or Director (Florida no	nprofit corporations must list at I	east 3 directors)		
P OMAR LOPEZ 2600 W CARANDIS ROAD WEST PALM BEACH, FL 33406	Titles					City / State / Zip	
	P OMAR	LOPEZ	260	0 W CARANDIS ROAL) WE	EST PALM BEACH, FL 33406	
						,	
							
				·			
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 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: OMAR 187E Z 05127 05 (56) 375-263) Destine Phone #	this reinstatement a owed by the corpor on this application	application, the reason for dissipation have been paid and the is true and accurate, and my such as the such as th	colution has been elimina names of individuals list ignature shall have the s	ated, the corporate name satisfie ed on this form do not qualify for same legal effect as if made und	s the requirements of set an exemption contained er oath.	ction 607.0401 or 617.0401, F.S., that all fees in Chapter 119, F.S. The information indicated	

6/5a0