PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 27 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037716

1. Corporation Name
Freight Train Trucking Corp

W05000051307

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
2503 Bross Dr.	P.O. Box 544
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: St. Cloud, FL	City & State: Minneola FL
Zip: 34771 Country: Orange	Zip: 34755 Country:

4. Date Incorporated or Qualified To Do Business In Florida: 2/11/1999

5. FEI Number: 59-3358036 ☐ 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: Elgin Jefferson
000006453178O
01/26/06--01057--001 **600.00

Street Address (P.O. Box Number is Not Acceptable): 2503 Bross Dr.

Suite, Apt. #, Etc.:

City: St. Cloud State: FL Zip Code: 34771

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 _____
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	Elgin Jefferson	2503 Bross Dr.	St. Cloud FL 34771
			600006144269G 11/15/05--01057--016 **900.00

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 directors listed on this form do not qualify for an exemption under section 115.07(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: _____ 407-509-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #