FILED

06 JUN 22 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000019204

1. Entity Name
FOSTER MOTOR COMPANY TRANSPORT, INC.

Principal Place of Business	Mailing Address
3351 W. TENNESSEE ST. TALLAHASSEE, FL 32304	3351 W. TENNESSEE ST. TALLAHASSEE, FL 32304

2. Principal Place of Business	3. Mailing Address
2619 Wharton Circle	2619 Wharton Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee Fla.	City & State: Tallahassee Fla.
Zip: 32312 Country: Loon	Zip: 32312 Country: Loon

06212006 REIN-P CR2E098 (11/05)

4. FEI Number: 59-3564411 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOSTER, JEFFREY E 2619 WHARTON CIR. TALLAHASSEE, FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOSTER, JEFF		NAME		
STREET ADDRESS	3351 W. TENNESSEE ST.		STREET ADDRESS	2619 Wharton Circle	
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP	Tallahassee Fla. 32312	
TITLE	DST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FOSTER, REBECCA S		NAME		
STREET ADDRESS	3351 W. TENNESSEE ST.		STREET ADDRESS	2619 Wharton Circle	
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP	Tallahassee, Fla 32312	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	300077155723 07/07/06--01048--006 **300.75	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca S. Foster 6/22/06 850-894-4919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #