*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT	S	DEPARTMENT OF Secretary of State	STATE	04 AUG	ILED 12 PM 2: 42		
DOCUMENT # P99000021386 1. Corporation Name					SECRETARY OF STATE PALLAHASSEE, PLORIDA			
DŢŖ	ECT TRANSPORT, IN	c.						
			•		6-260-0	1 90002 00/	150.00	
			4. Date		4. Date incorp	orporated or Qualified usiness in Florida		
Gity & State Hiale	eah Gardens, FL	City & State Hialea				6. FEI Number X Applied For 65-0901303 Not Applied For		
Z4• 330	to Country Zto 33018; Dado 330		Country Dade		6. CERTIFICATE OF STATUS DESIRED		ilionat Fee requiren. Hiliona of States —	
7. Name and Address of Current Registered Agent Name								
8. I, being Signature of Registered	Agent X			accept the ot	oligations of soction	State Zip Code	OFRECOR! (01/04)	
9. Names Titles	and Street Addresses of Each Officer and/or Director (Flo Name of		Street Address of Each		City / State / Zip			
PT	Officers and/or Ofroctors LOPEZ, MARLENE		Officer and/or Director		Hialeah Gardens,	FL 33018		
DVS	LÖPEZ, PAVEL		8840 N.W.	108 L	ane	Hialeah Gardens,	FL 3301	
	ч				역 08/1	000401437 2/0401061001	54 **850.00	
10. Learthy 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 caved by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 116.07(3)(1), 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: X SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR Onds Deytine Phone #								

Tucsday, July 20, 2004

DIRECT TRANSPORT, INC.

Marlen Lopez 8840 N.W. 108 Lane Hialeah GardensFL33018 Phone: 305-556-0971

DIVISION OF CORPORATION

P. O. Box 6327 Tallahassee, FL 32314

Document Number: P99000021386

To Whom It May Concern:

We would like to let you know that we were in the process of moving and didn't get the letter stating about the late payment fee. We were under the impression that everything was fine. Also, we would like to add that we have never received any other letter from your office requesting payment for the corporation. Please waive fees and reinstate us as soon as possible. Also, update our address/phone information shown above.

Please call us in any questions.

Regards,

Marlen Lopez