2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# P99000036411

Entity Name: FREIGHTCARE, INC.

Current Principal Place of Business:

908 MILTONDALE RD
MACCLENNY, FL 32063

New Principal Place of Business:

11281 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025

Current Mailing Address:

908 MILTONDALE RD
MACCLENNY, FL 32063

New Mailing Address:

11281 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025

FEI Number: 59-3569461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEPER, RICHARD C JR
3030 HARTLEY RD., STE. 150
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

EDWARDS, NICKISA S
11281 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025 US

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.

SIGNATURE: NICKISA S, EDWARDS 01/14/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: VILLANUEVA, LAMBERTO C
Address: 908 MILTONDALE RD.
City-St-Zip: MACCLENNY, FL 32063

Title: DVS (X) Delete
Name: VILLANUEVA, DIANE C
Address: 908 MILTONDALE ROAD
City-St-Zip: MACCLENNY, FL 32063

Title: DVT (X) Delete
Name: VILLANUEVA, DIWATA C
Address: 908 MILTONDALE ROAD
City-St-Zip: MACCLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: ROBERTS, CALVIN D
Address: 11281 INTERCHANGE CIRCLE SOUTH
City-St-Zip: MIRAMAR, FL 33025

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN D. ROBERTS PCEO 01/14/2008
Electronic Signature of Signing Officer or Director Date