2000 -2001-2000 UNIFORM BUS DOCUMENT # FILED 1. Entity Name SECRETARY OF STATE VISION OF CORPORATIONS 01 MAR -2 AM 10: 54 Principal Place of Business Mailing Address 3. Mailing Address Same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (PO Box Number is Not Acceptable) 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) his corporation is eligible to satisfy its intangible-° 9∴ T FILE NOW!!! FEE IS \$150.00 h filing requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be ee criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE President Delete TITLE 800003819466-046 NAME Jessica Saez 10113 Cypress Glen A. NAME -03/08/01--01101--005 STREE ADDRESS STREET ADDRESS ****300.00 ****300.00 CITY- T-ZIP CITY-ST-ZIP Ortando pr 32825 Vice President TITLE TITLE Addition NAME Rafael Salz 10113 Cupress Glan Pl Orlando, Pl 32885 NAME STREE ADDRESS STREET ADDRESS CITY-S CITY-ST-ZIP TITLE Change Landition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-Z(P ann. ☐ Delete THLE Change ☐ Addition НАМЕ NAME STRUET ADDRESS STREET ADDRESS COY-\$1, 30 CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 11 or Block 12 if GATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(66/6)

JES TRUCKING, INC. 10113 CYPRESS GLEN PL. ORLANDO, FL 32825 (407) 275-8131

TO WHOM IT MAY CONCERN:

I AM REQUESTING THAT MY CORPORATION BE REINSTATED AND ALL PENALTIES REMOVED. I AM ENCLOSING A CHECK FOR THE \$150 FEE. I HAD PROBLEMS RECEIVING MY MAIL THIS PAST YEAR. THERE WAS A MIX UP AT THE POST OFFICE AND A LOT OF MY CORRESPONDENCE WAS LOST DURING THE YEAR.

I HAVE TALKED TO THE POST OFFICE AND THIS PROBLEM HAS BEEN FIXED. I AM NOW ALSO AWARE OF THE FACT THAT THIS REPORT IS DUE ON MAY 1ST. I WAS ALSO SICK DURING MOST OF LAST YEAR AND THIS IMPEDED ME FROM BEING ABLE TO TAKE CARE OF MY BUSINESS AS I SHOULD HAVE. I AM NOW FEELING MUCH BETTER AND WILL BE ABLE TO TAKE BETTER CARE OF MY BUSINESS PAPERWORK.

ONCE AGAIN, I WOULD LIKE TO ASK YOU TO PLEASE WAIVE ALL PENALTIES AND REINSTATE MY CORPORATION.

THANK-YOU FOR-YOUR:UNDERSTANDING,

JESSICA SAEZ, PRESIDENT