

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>2001 CORPORATION REINSTATEMENT UBR</b></p> <p><b>FLORIDA DEPARTMENT OF STATE</b>  <b>Katherine Harris</b>          Secretary of State          DIVISION OF CORPORATIONS</p>		<p>FILED          SECRETARY OF STATE          DIVISION OF CORPORATIONS          01 DEC 19 PM 4:11</p>
<p><b>DOCUMENT #</b> 099000048046</p>		
<p><b>1. Corporation Name</b>          Dixie Moving Services of FLA INC</p>		
<p><b>2. Principal Office Address</b>          124 N. FLA AVE          Suite, Apt. #, etc. Inverness FL          City &amp; State Inverness FL          Zip 34450 Country USA</p>		<p><b>3. Mailing Office Address</b>          PO BOX 1943          Suite, Apt. #, etc.          City &amp; State Inverness FL          Zip 34450 Country USA</p>
<p><b>4. Date Incorporated or Qualified To Do Business in Florida</b> 5-25-99</p>		<p><b>5. FEI Number</b> 593578901          Applied For Not Applicable</p>
<p><b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>		

<p><b>7. Name and Address of Current Registered Agent</b></p>	
<p>Name <del>Michael T. Maniscalco</del> Clayton JECK JR</p>	
<p>Street Address (P.O. Box Number is Not Acceptable) <del>6701 E RED Robin LN</del> 6701 E RED Robin LN</p>	
<p>Suite, Apt. #, Etc. <del>200004743642</del> 1</p>	
<p>City Inverness State FL Zip Code 34450</p>	

<p><b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0507, F.S.</b></p>	
<p>Signature of Registered Agent <i>Michael T. Maniscalco</i></p>	<p>Date <i>12/10/01</i></p>
<p>REGISTERED AGENT MUST SIGN</p>	

<p><b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b></p>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Michael T. Maniscalco	6701 E RED Robin LN Inverness FL 34450	Inverness FL 34450
V Pres.	Clayton JECK JR.	SAME AS ABOVE	

<p><b>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 individuals listed on this form do not qualify for an exemption under section 119.07(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.</b></p>	
<p><b>SIGNATURE:</b> <i>Michael T. Maniscalco</i></p>	<p><b>Date:</b> 11-8-01 <b>Daytime Phone #:</b> 352 344-4500</p>
<p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>	

CR2E081 (9/00)