


2012 FOR PROFIT CORPORATION REINSTATEMENT

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|---|--|---|
| DOCUMENT # P99000088914 | |  |
| 1. Entity Name KELLIMAX TRUCKING, INC. | | |

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| Principal Place of Business 16051 NE 5TH AVE. N. MIAMI BCH, FL 33162 | Mailing Address 16051 NE 5TH AVE. N. MIAMI BCH, FL 33162 |
|--|--|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| KELLY, CHARLES L 16051 NE 5TH AVE. N. MIAMI BCH, FL 33162 | |

| | |
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| 7. Name and Address of New Registered Agent | |
| 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 |

| | | | |
|----------------------------|-----------------------------|---|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P | TITLE | |
| NAME | KELLY, CHARLES L | NAME | |
| STREET ADDRESS | 16051 NE 5TH AVE | STREET ADDRESS | |
| CITY- ST- ZIP | NORTH MIAMI BEACH, FL 33162 | CITY- ST- ZIP | |

| | | | |
|----------------|--|----------------|--|
| TITLE | | TITLE | |
| 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: | DATE |

FILED
12 FEB 29 AM 9:00
SECRETARY OF
TALLAHASSEE
300223843763
02/29/12--01002--0105--**900.00

02292012 REIN-P CR2E098 (12/11)

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|----------------------------------|--------------------------------|
| 4. FEI Number 65-0952636 | Applied For Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |

REINSTATEMENT

FEB 29 2012
S. PRATHER