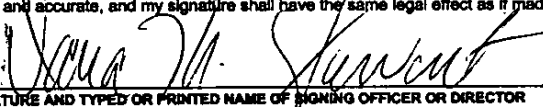


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 547367			
1. Corporation Name MASTER TRUCKING COMPANY			
2. Principal Office Address 230 LEE ROAD		3. Mailing Office Address 230 LEE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32225	Country US	Zip 32225	Country US
4. Date Incorporated or Qualified To Do Business in Florida 04/22/1991		5. FEI Number 59-3063520	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name STEPHEN A. HOULD			
Street Address (P.O. Box Number is Not Acceptable) 920 THIRD STREET			
Suite, Apt. #, Etc. SUITE D			
City NEPTUNE BEACH		State FL	Zip Code 32266
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date NOV. 29, 2005	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	DANA M. STEWART	230 LEE ROAD	JACKSONVILLE, FL 32225
DST	RICHARD STEWART	230 LEE ROAD	JACKSONVILLE, FL 32225
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.			
SIGNATURE: 		Date 12/1/05 904-727-1100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	