

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 22 AM 10: 06

REINSTATEMENT 05



<b>DOCUMENT # P01000062659</b> 1. Entity Name <b>COPPOLINO TRANSPORTERS, INC.</b>						
Principal Place of Business <b>9686 CASA MAR CIRCLE FORT MYERS, FL 33919</b>		Mailing Address <b>9686 CASA MAR CIRCLE FORT MYERS, FL 33919</b>				
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		09282005 REIN-P CR2E098 (6/04)  4. FEI Number <b>65-1131350</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Applied For	Not Applicable
Applied For						
Not Applicable						
City & State		City & State				
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	7. Name and Address of New Registered Agent Name <b>Robert Gardener CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>420 US Highway 1 Suite 12</b>  City <b>North Palm Beach</b> <b>FL</b> Zip Code <b>33408</b>
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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 Robert Gardener DATE 9-28-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D COPPOLINO, RONALD J <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPOLINO, RONALD J	NAME	<b>9686 Casa Mar Circle</b>
STREET ADDRESS	<b>135-08 131ST STREET</b>	STREET ADDRESS	<b>Ft. Myers, FL 33919</b>
CITY-ST-ZIP	<b>SOUTH OZONE PARK NY 11420</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>300060950843</b>
STREET ADDRESS		STREET ADDRESS	<b>10/26/05--01034--008 **158.75</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>300060950889</b>
STREET ADDRESS		STREET ADDRESS	<b>10/26/05--01034--009 **158.75</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: Ronald J. Coppolino DATE 9-28-05 DAYTIME PHONE # 239-707-3339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR