

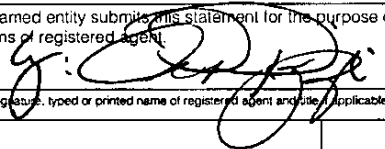
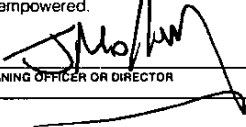


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F97000004774						<p style="font-size: 24px; margin: 0;">FILED</p> <p style="font-size: 18px; margin: 0;">05 JUL -6 PM 2:27</p> <p style="font-size: 12px; margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>			
1. Entity Name NACA LOGISTICS (USA), INC.				Principal Place of Business 444 W. OCEAN BLVD., #1400 LONG BEACH, CA 90802				Mailing Address 444 W. OCEAN BLVD., #1400 LONG BEACH, CA 90802	
2. Principal Place of Business 857 EAST 230TH STREET Suite, Apt. #, etc. N/A		3. Mailing Address 857 EAST 230TH STREET Suite, Apt. #, etc.						06172005 REIN-P CR2E098 (6/04)	
City & State CARSON CALIFORNIA		City & State CARSON CALIFORNIA		4. FEI Number 95-3277084		Applied For Not Applicable			
Zip 90745		Country U.S.		Zip 90745		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUDOR, TIM 7700 NW 81ST PLACE MIAMI, FL 33166				7. Name and Address of New Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City TALLAHASSEE FL Zip Code 32301					
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  A.P. POLIZZI, ASST SEC'Y				DATE 7/5/05					
FILE NOW!!! FEE IS \$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 PD	NAME GLENN, OWEN	<input checked="" type="checkbox"/> Delete			TITLE COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 444 W. OCEAN BLVD., #1400	CITY-ST-ZIP LONG BEACH, CA 90802				STREET ADDRESS 257 EAST 230TH STREET	CITY-ST-ZIP CARSON CA 90745			
TITLE ST	NAME MOLLOY, JAMES	<input checked="" type="checkbox"/> Delete			TITLE C.F.O	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 444 W. OCEAN BLVD., #1400	CITY-ST-ZIP LONG BEACH, CA 90802				STREET ADDRESS 857 EAST 230TH STREET	CITY-ST-ZIP CARSON CA 90745			
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP	MICHAEL OYE VICE PRESIDENT 857 EAST 230TH STREET CARSON, CA 90745			
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP	500057344345 07/12/05--01031--016 **308.75			
TITLE NAME	<input type="checkbox"/> Delete			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS 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:  J. Molloy				DATE 06/17/05		DAYTIME PHONE # 310-847-3236			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									