


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC 14 PM 2:51

DOCUMENT # **F99000001167**

1. Corporation Name
EASTERN AMERICA TRANSPORT & WAREHOUSING, INC.

Principal Place of Business Mailing Address
 8501 HEGERMAN ST. 8501 HEGERMAN ST.
 PHILADELPHIA PA 19136 PHILADELPHIA PA 19136



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 8803 Torresdale Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 8803 Torresdale Suite, Apt. #, etc.
City & State Philadelphia, PA	City & State Philadelphia, PA
Zip 19136 Country USA	Zip 19136 Country USA

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida **03/02/1999**

5. FEI Number **23-2226625** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/S P/D	WENGER, DAVID C	164 CHURCHVILLE LANE	CHURCHVILLE PA 18966
V/D/C	Sorrow, Ronald T.	3930 Hillsman Lane	Atlanta, GA 30062
V/T/S	Pfleggar, David W.	4606 FM 1960 W., #454	Houston, TX 77069
			400004740044--1 -12/26/01--01105--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent ALBANESE, RAYMOND 11190 GRANDVIEW MANOR WELLINGTON FL 33414	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Raymond Albanese* **SIGNATURE REQUIRED** Date **12/4/01**
 REGISTERED AGENT MUST SIGN

11. 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: *Raymond Albanese* **SIGNATURE REQUIRED** 10/29/01 713/622-2231
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EM40 (8/01)