

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 14 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FO4000003015
1. Corporation Name
Tranzsubco I Corp. FO4000003015

REINSTATEMENT 05

2. Principal Office Address Two Executive Drive		3. Mailing Office Address Two Executive Drive	
Suite, Apt. #, etc. 9th Floor		Suite, Apt. #, etc. 9th Floor	
City & State Fort Lee, NJ		City & State Fort Lee	
Zip 07024	Country USA	Zip 07024	Country USA

600060628006
10/14/05--01056--009 **750.00
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida	05/24/04
5. FEI Number 412120135	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TCS Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
515 East Park Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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 [Signature] Date 10/11/05

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
P	David Graf	Two Executive Drive, 9th Floor	Fort Lee, New Jersey 07024
V/S	David Byron	Two Executive Drive, 9th Floor	Fort Lee, New Jersey 07024
T	Lawrence Lundgren	Two Executive Drive, 9th Floor	Fort Lee, New Jersey 07024
C	Marc Byron	Two Executive Drive, 9th Floor	Fort Lee, New Jersey 07024
D	Bruce Eatroff	Two Executive Drive, 9th Floor	Fort Lee, New Jersey 07024
D	Ken Hanau	Two Executive Drive, 9th Floor	Fort Lee, New Jersey 07024

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: David Byron 10/3/05 201-461-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #