
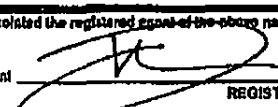



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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P11000005107					
1. Corporation Name KA FleetOne, Inc.					
2. Principal Office Address - No P.O. Box # 1331 N California Blvd. SUITE, APT. #, etc. Ste 150 City & State Walnut Creek, California Zip 94596			3. Mailing Office Address Same SUITE, APT. #, etc. City & State Zip Country United States		
4. Date Incorporated or Qualified To Do Business in Florida 12/21/2011					
5. FEIN Number 45-4029976				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED					
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road SUITE, APT. #, etc. City Plantation STATE FL Zip 33324					
8. I, being appointed the registered agent of the above named corporation, are familiar with and accept the obligations of section 607.0500 or 617.0503, F.S. Signature of Registered Agent:  Joe Villeda Assistant Secretary Date: 1/21/14					
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	
	See Attached				
				S. HAWKES	
				JAN 22 AM	
				EXAMINER	
10. E-mail Address: <u>oysn@amertfleet.com</u> <small>(To be used for future annual report notification)</small>					
11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
SIGNATURE: 				1-21-14 415-722-6236 DATE DAYTIME PHONE #	

Titles	Name of Officers and/or D	Street Address of Each Officer and/or Director	City / State / Zip
Chairman	GARY HERBOLD	8698 ELK GROVE BLVD, SUITE 3-168,	ELK GROVE, CA 95624
CEO	DAN WILLIAMS	6022 ROCKWELL STREET,	OAKLAND, CA 94618
Secretary	DAN WILLIAMS	6022 ROCKWELL STREET,	OAKLAND, CA 94618
COO	AMEIN PUNJANI	7 BROOKTREE DR.,	DANVILLE, CA 94506
President	BOB BRAUER	25950 ACERO, SUITE 220,	MISSION VIEJO, CA 92691
Director	DENNIS SCOTT	25951 ACERO, SUITE 220,	MISSION VIEJO, CA 92691

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TALLAHASSEE, FLORIDA

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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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TALLAHASSEE, FLORIDA

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**CORPORATION REINSTATEMENT
KA FLEETONE, INC.**

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