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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAR -7 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 679519

1. Corporation Name
Para-Transit, Inc.

2. Principal Office Address	3. Mailing Office Address
160 S. Route 17 North	160 S. Route 17 North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Paramus, NJ	City & State: Paramus, NJ
Zip: 07652 Country:	Zip: 07652 Country:

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida: 7/23/1980

5. FEI Number: 59-3069839 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301-2525

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: Deborah D. Skipper REGISTERED AGENT MUST SIGN Deborah D. Skipper Asst. V. Pres. Date: 3/4/2005

CR2E031 (01/04)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Ross Kinnear	160 S. Route 17 North	Paramus, NJ. 07652
Sec	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652
Tres	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652
Dir	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652

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: [signature] 3-3-05 713-236-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

SYC

CORPORATION REINSTATEMENT

PARA-TRANSIT INC.

Certificate of Status	0
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