


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 25 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F00000002576

1. Corporation Name
TOURNEAU EXPRESS, INC.

2. Principal Office Address 3 EAST 54 th Street Suite, Apt. #, etc.		3. Mailing Office Address 3 EAST 54 th Street Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10022	Country USA	Zip 10022	Country USA

REINSTATEMENT

05-06

4. Date Incorporated or Qualified To Do Business in Florida 5/9/2000	
5. FEI Number 13-4054582	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name National Corporate Research Ltd., INC.		
Street Address (P.O. Box Number is Not Acceptable) 515 E. Park Ave.		
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 Karen McKelown
REGISTERED AGENT MUST SIGN

Date 10/23/06

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
Pres	Howard Levitt	3 EAST 54 th Street	New York, NY 10022
Dir	Robert Wexler	3 EAST 54 th Street	New York, NY 10022
Dir	Daniel Frishwasser	3 EAST 54 th Street	New York, NY 10022
Sec	STUART FISHER	3 EAST 54 th Street	New York, NY 10022

200084399802
10/31/06--01079--011 **758.75
200084399802
10/31/06--01079--012 **150.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

secretary

10/18/06

Date

Daytime Phone #

2127586104

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10/25
Bw