PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ' REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F02000001721

1. Corporation Name

NORTH AMERICAN BUS INDUSTRIES INC.

Principal Place of Business

Mailing Address

106 NATIONAL DRIVE ANNISTON AL 36207

Zip

106 NATIONAL DRIVE ANNISTON AL 36207

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State City & State

Country Country FILED

03 DEC 15 PH 1:59

REINSTATEMENT 03

800025462268 12/12/03--01049--016 **150.00

 Date Incorporated or Qualified To Do Business in Florida 03/15/2002

5. FEI Number 52-1792099

9. Name and Address of New Registered Agent

\$8.75 Additional Fee required for a Certificate of Status

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director C **RONA, PETER** MADACH TRADE CENTER, BLDG: A, 5T-BUDAPEST, HUNGERY YEP 11-1163 BUDAPEST, XVI, UJSZASZ U HUNGERY RACZ, ANDRAS MOORPARK CA 93021 530 NEW LOS ANGELES AVE., SUFFE 20350 Ventura Blvd. Ste 205 **VPD** CORYELL, BILL ST GARDNER, LISA 106 NATIONAL DRIVE ANNISTON AL 36207 106-NATIONAL DRIVE JOSEPH: WAYNE Daarel 106 NATIONAL

8. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

State | Zip Code

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. or 617.0505, F.S.

Signature

PAPY, CHARLES C III

MIAMI FL 33131-2397

DUANE, MORRIS & MEDICSCHER, LLP

200 SOUTH BISCAYNE BLVD., SUITE 3410

STERED AGENT MUST SIGN

Date Dec/003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/03 256-241-1334



Headquarters & Manufacturing

North American Bus Industries, Inc. 106 National Drive Anniston, AL 36207

Tel: (256) 831-4296 Fax: (256) 831-4299 Email: nabiusa@nabiusa.com www.nabiusa.com

December 5, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida

To Whom It May Concern:

We did not receive a 2003 annual report/uniform business report. Therefore, we are requesting that you waive the reinstatement fee.

Sincerely,

Lisa Gardner

Corporate Secretary/Tresurer