

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 04 PM 3:22

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000004723**

1. Corporation Name
E-TRANSIT INC PA
DBA E-TRANSIT INC

2. Principal Office Address 408 East Fourth St		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite 106		Suite, Apt. #, etc.	
City & State BRIDGEPORT, PA		City & State	
Zip 19405	Country USA	Zip	Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida 4/11/2000	
5. FEI Number 20-3040124	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 RICHARD KUROWSKY	000060244910 10/05/05--01010--020 **105.00
Street Address (P.O. Box Number is Not Acceptable) 1406 MONTE LAKE DRIVE	
Suite, Apt. #, Etc.	000060244910 10/05/05--01010--021 **8.75
City VALRICO	State Zip Code FL 33594

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 *Richard Kurowsky* Date 10/4/05

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	RICHARD ADLER	420 Pheasant Lane	Lafayette Hill, PA 19444
V	DHARMENDER R DHANWADA	415 Conshohocken St Rd	Gladwyne, PA 19035
D	NANEN ADLER	420 Pheasant Lane	Lafayette Hill, PA 19444
V	Swapna Jagirdar	415 Conshohocken State Rd	Gladwyne, PA 19035

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: *Dharmender Dhanwada* **DHARMENDER DHANWADA** 10/4/2005 610-270-9950

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