

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
Suite 106**

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRIDGEPORT, PA

City & State

Zip

Country

19405 USA

Zip

Country

[Handwritten Signature]

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

\$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

FL

Zip Code

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/4/05

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DHARMENDER DHANWADA

Date

10/4/2005

Daytime Phone #

610-270-9950