2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000004723

Entity Name: E-TRANSIT, INC. PA

FILED Oct 11, 2006 Secretary of State

Littly Nai	ille. E-TRAIN	off, INC. FA				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
408 EAST	FOURTH STR	REET				
SUITE 106) ORT, PA 1940	5				
	·		New Maili	ng Address		
Current Mailing Address:			New man	New Maning Address.		
SUITE 106	FOURTH STF S ORT, PA 1940					
	: 20-3040124	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1406 MON	KY, RICHARD ITE LAKE DRI ¹ FL 33594	/E US				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE: RICHARI) KUROWSKY				
	Electror	ic Signature of Registered Age	ent	Date		
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () ADLER, RICHA 420 PHEASAN' LAFAYETTE HI	LANE	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	DHANWADA, D	OCKEN STAT RD	Title: Name: Address: City-St-Zip:	DHANWADA,	(X) Change () Addition DHARMENDER DHOCKEN STATE RD PA 19035	
Title: Name: Address: City-St-Zip:	D () ADLER, NANC' 420 PHEASAN' LAFAYETTE HI	LANE	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name:	V () JAGIRDAR, SV	Delete /APNA	Title: Name:	(() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RICHARD ADLER P 10/11/2006

415 CONSHOHOCKEN STATE RD.

GLADWYNE, PA 19035

Address:

City-St-Zip: