

**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

APPROVED
AND
FILED

07 DEC 24 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

122707



DOCUMENT # F03000004678
1. Entity Name
PORT-LAND SYSTEMS, INC.



Principal Place of Business
305 MT. LEBANON BLVD., STE. 400
PITTSBURGH, PA 15234

Mailing Address
305 MT. LEBANON BLVD., STE. 400
PITTSBURGH, PA 15234

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

09282007 REIN-P 032E998 (Y/N)
REINSTATEMENT 07

FEIN Number 25-1763703
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *James M. Newsome* JAMES M. NEWSOME Special Assistant Secretary 10/29/07
NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LEASE, TIM J 305 MT. LEBANON BLVD., STE. 400 PITTSBURGH, PA 15234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP COOK, CURTIS R 305 MT. LEBANON BLVD., STE. 400 PITTSBURGH, PA 15234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSERLY, TERESA H 305 MT. LEBANON BLVD., STE. 400 PITTSBURGH, PA 15234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEASE, TIM J 305 MT. LEBANON BLVD., STE. 400 PITTSBURGH, PA 15234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600110863316 10/16/07--01055--008 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VETTER, R. JOSEPH 305 MT LEBANON BLVD STE 400 PITTSBURGH PA 15234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *RJ Vetter* RJ VETTER SECRETARY 10-9-07 412 344-1408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #