## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000001019						FILED			
1. Entity Name TRANSPORTATION MANAGEMENT SERVICES, INC.						R-9 PM 4:			
Principal Place of Business		Mailing Address			11011	TARY OF STR IACCE LIFES	ATE RIDA		
300 EAST LOMBARD STREET Baltimore, MD 21202		8500 LEESBURG PIKE, SUITE 601 Vienna, va 22182			IXI.L.				
Principal Place of Business     3. Mailing Address					-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			C2M				
		9 50			18 12 12 12 15 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PREIN-P	CR2EU	98 (11705)	<u>75</u> -08
City & State		City & State			4. FEI Numb 20-057			_ <del>                                    </del>	plied For t Applicable
Zip	Country Zip		Countr	Ty .	5. Certificate	of Status Desired		<b>\$8.75</b> Add Fee Required	
Name and Address of Current Registered Agent				Name	7. Name and	Address of New Re	stered A	gent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32301-2525			-			,	<u>.</u>		
			-	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 Working Signature, lyped or printed name of registried agent and life if applicable.  (NOTE: Registared Agent signature required when reinstating)  OATE									
FILE NOWIII FEE IS \$900.00									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	ERS AND	DIRECTORS	S IN 11
TITLE NAME	PD Delete SHERMAN, FRANCIS		TITLE					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	8500 LEESBURG PIKE, SUITE 601			T ADDRESS ST-ZIP	70	)00579( /0601013	5 <b>6</b> 2	207	
TITLE	VIENNA, VA 22182 SD	□ Delete	TITLE	51-2IF	93/16	<del>/0601013</del>	-011	<u>***∃∏Q</u> ☐ Change	Addition
NAME STREET ADDRESS	SHERMAN, CARROLL 8500 LEESBURG PIKE, SUITE 601		NAME	T ADDRESS					{
CITY-ST-ZIP	VIENNA, VA 22182			ST-ZIP					
TITLE NAME			TITLE					☐ Change	☐ Addition
STREET ADDRESS	8500 LEESBURG PIKE, SUITE 601			T ADDRESS					
CITY-ST-ZIP	VIENNA, VA 22182	☐ Delete	CITY-:	ST-ZIP				☐ Change	Addition
NAME		_ 50,000	NAME						
STREET ADDRESS CITY-ST-ZIP			CITY-:	T ADDRESS ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME		-	<del>-</del>		☐ Change	☐ Addition
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-	ST-ZIP				☐ Change	☐ Addition
NAME		L Delete	NAME					C Change	C Addition
STREET ADDRESS CITY-ST-ZIP			4	T ADDRESS ST-ZIP					
12. I hereby	certify that the information supplied with on this report or supplemental report is	this filling does not qualify fo	r the exer	nptions contained	t in Chapter 119	9, Florida Statutes. I fu	orther cert	ify that the in	formation or director
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: TISSICA A. Tadlock ASSISTANT 03/03/06 703-848-75)}									
	SIGNATURE: Tessica A. Tadlock Assistant 03/03/06 703-848-75)}								
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## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TRANSPORTATION MANAGEMENT SERVICES, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 03, 2006.

Paul B. Anderson Charter Division

Faul B. Under

301 West Preston Street, Baltimore, Maryland 21201
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MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097