

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 14 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FOU000003015

1. Corporation Name

Tranzsubco I Corp.

FOU000003015

REINSTATEMENT 05

2. Principal Office Address

Two Executive Drive

Suite, Apt. #, etc.

9th Floor

City & State

Fort Lee, NJ

Zip

07024

Country

USA

3. Mailing Office Address

Two Executive Drive

Suite, Apt. #, etc.

9th Floor

City & State

Fort Lee

Zip

07024

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/24/04

5. FEI Number

412120135

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600060628006

10/14/05--01056--009 **750.00
CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

TCS Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/11/05

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	David Graf	Two Executive Drive, 9th Floor	Fort Lee, New Jersey 07024
V/S	David Byron	Two Executive Drive, 9th Floor	Fort Lee, New Jersey 07024
T	Lawrence Lundgren	Two Executive Drive, 9th Floor	Fort Lee, New Jersey 07024
C	Marc Byron	Two Executive Drive, 9th Floor	Fort Lee, New Jersey 07024
D	Bruce Eatroff	Two Executive Drive, 9th Floor	Fort Lee, New Jersey 07024
D	Ken Hanau	Two Executive Drive, 9th Floor	Fort Lee, New Jersey 07024

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:

David Byron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/05

Date

201-461-5665

Daytime Phone #