PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 NOV 30 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000003037

1. Corporation Name

Traffipax, Inc

REINSTATEMENT
CR2E081 (12/05) 06-07

2. Principal Office Address	3. Mailing Office Address
514 Progress Drive	514 Progress Drive
Suite, Apt. #, etc. Suite D-E	Suite, Apt. #, etc. Suite D-E
City & State Linthicum, MD	City & State Linthicum, MD
Zip 21090 Country USA	Zip 21090 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 5/20/05

5. FEI Number 04-3459191 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

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: Kimberly B. Moret as its agent (REGISTERED AGENT MUST SIGN) Date 11/30/07

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
Pres	Allen Shutt	514 Progress Drive, Ste D-E	Linthicum, MD 21090
Tres	Pamela Michaels	514 Progress Drive, Ste D-E	Linthicum, MD 21090

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 contained in Chapter 119, 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: [signature] 11/30/07 (443) 367-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

E. Mitchell NOV 30 2007

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Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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Kimberly x 1949

CORPORATION REINSTATEMENT

TRAFFIPAX, INC.

Certificate of Status	0
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