PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F42507

1. Corporation Name
AMERICAN BUS LINES, INC.

2. Principal Office Address	3. Mailing Office Address
11077 NW 36TH AVENUE	ONE RIVERWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 500
City & State	City & State
MIAMI, FL	HOUSTON, TX
Zip / Country	Zip / Country
33167 / USA	77056 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/01/1981

5. FEI Number: 59-2228740 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

REINSTATEMENT 99-00

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: BRIAN COURTNEY, ASST. V.P. Date: 4/2/00
REGISTERED AGENT MUST SIGN

CREE061 (9/98)

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
D/V/S	Robert E. Longo	One Riverway, Ste 500	Houston, TX 77056
D	Linda Bell	One Riverway, Ste 500	Houston, TX 77056
D	Frank P. Gallagher	One Riverway, Ste 500	Houston, TX 77056
ACS	Shayne A. Rosecrans	One Riverway, Ste 500	Houston, TX 77056
ACS/T	Michael Sanchez	One Riverway, Ste 500	Houston, TX 77056
P	Louis Cicerone	11077 N.W. 36th Ave	Miami, FL 33167

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: Shayne A. Rosecrans Shayne A. Rosecrans 03.21.00 713.888.0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE