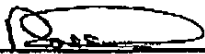


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>F88184</i>					
1. Corporation Name LE BUS, INC.					
2. Principal Office Address 160 S. Route 17 North			3. Mailing Office Address 160 S. Route 17 North		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Paramus, NJ			City & State Paramus, NJ		
Zip 07652		Country		Zip 07652	
				Country	
4. Date Incorporated or Qualified To Do Business in Florida 7/12/82					
5. FEI Number 59-2202668					☒ Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 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 Hayes St.					
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 607.0605 or 617.0602, F.S.					
Signature of Registered Agent		Brian Courtney Asst. V. Pres.		Date 10/7/05	
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	
VP, TR	Ross Kinnear	160 S. Route 17 N.		Paramus, NJ 07652	
Sec &	same				
Dir	same				
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)(b), 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: 		ROSS KINNENAR		9/12/05 713-286-2015	
SIGNATURE AND TYPED OR PRINTED NAME OF GROWING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Created: 8/10/04

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

LE BUS, INC.

Certificate of Status	0
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