PLEASE READ ALL INSTRUCTIONS BEFORE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003915

1. Corporation Name
Laidlaw Transit Management Company, Inc.

2. Principal Office Address	3. Mailing Office Address
55 Shuman Boulevard	55 Shuman Boulevard
Suite, Apt. #, etc.: #400	Suite, Apt. #, etc.: #400
City & State: Naperville, IL	City & State: Naperville, IL
Zip: 60563 Country: US	Zip: 60563 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 08/27/1993

5. FEI Number: 23-2320563 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

REINSTATEMENT 09-05

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Connie Bryan Special Asst Secretary — REGISTERED AGENT MUST SIGN — Date: 9/23/05

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
Dir.	Kevin Edgar Benson	55 Shuman Boulevard #400	Naperville, IL 60563
Pres.	Kevin Edgar Benson	55 Shuman Boulevard #400	Naperville, IL 60563
V. Pres.	Beverly A Wyckoff	55 Shuman Boulevard #400	Naperville, IL 60563
Sect.	Beverly A Wyckoff	55 Shuman Boulevard #400	Naperville, IL 60563

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: Beverly A. Wyckoff 9-21-05 630-848-3025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLR10 - 05/02/2005 C T System Online

Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

LAIDLAW TRANSIT MANAGEMENT COMPANY, INC.

Certificate of Status	0
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