

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 97 FEB 18 AM 10:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>F95000000373</u>					
1. Corporation Name Ridetime USA Inc.					
Mailing Address 260 W. Dearborn Street Englewood, FL 33533		Principal Place of Business 260 W. Dearborn Street Englewood, FL 33533			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable 800 North Manasota Suite, Apt. #, etc. Key Road		3. New Principal Office Address, If Applicable 800 North Manasota Suite, Apt. #, etc. Key Road		4. Date Incorporated or Qualified To Do Business in Florida 01/24/95	
City & State Englewood, FL		City & State Englewood, FL		5. FEI Number 59-3285723	
Zip 34223		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
P/T/ S/D	Whitmore B. Kelley	800 North Manasota Key Road	Englewood, FL 34223		
8. Name and Address of Current Registered Agent The Prentice Hall Corporation CSC Networks 1201 Hays Street Tallahassee, FL 32301			9. Name and Address of New Registered Agent Name Whitmore B. Kelley Street Address (P.O. Box Number is Not Acceptable) 800 North Manasota Key Road Suite, Apt. #, Etc. City Englewood, State FL Zip Code 34223		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>[Signature]</u> Date <u>2/13/97</u> REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <u>[Signature]</u>					
SIGNATURE: <u>[Signature]</u> 2/13/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 200978 5029060

AUTHORIZATION :

COST LIMIT : \$ 915.00

Patricia Puyat

ORDER DATE : December 24, 1996

ORDER TIME : 3:07 PM

ORDER NO. : 200978-015

CUSTOMER NO: 5029060

CUSTOMER: Gail Garrett, Esq
Heller & Associates
36 Cliffwood Street
Lenox, MA 01240

RECEIVED
97 FEB 18 PM 4:13
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: RIDETIME USA INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez

EXAMINER'S INITIALS _____