

Document Number:

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Paris Mobility Services, Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of N.A.
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Fictitious Name
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> CUS/G/S
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input checked="" type="checkbox"/> Walk in		
<input type="checkbox"/> Mail Out		

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CA2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. COMSIS MOBILITY SERVICES, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE
(State or country under the law of which it is incorporated)
3. 25-1768941
(FEI number, if applicable)
4. 6/20/95
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 8/1/95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))
7. 2000 Oxford Drive Suite 430 Bethel Park, PA 15102

(Current mailing address)
8. Para Transit Brokerage
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

Office Address: c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM

Lisa K. Pastor

(Registered agent's signature) (Officer)

LISA K. PASTOR, ASST. SEC.

(Type Name and Title of Officer)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Clarence Lee

Address: 2000 Oxford Drive Suite 430
Bethel Park, PA 15102

Vice Chairman: Amel Alyassini

Address: 2000 Oxford Drive Suite 430
Bethel Park, PA 15102

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Martin J. Fertal

Address: 2000 Oxford Drive Suite 430
Bethel Park, PA 15102

Vice President: Jeanne Williams

Address: 2000 Oxford Drive Suite 430
Bethel Park, PA 15102

Secretary/Treasurer Jerome W. Sales

Address: 2000 Oxford Drive Suite 430
Bethel Park, PA 15102

Treasurer: JEROME W. SALES

Address: 2000 Oxford Drive Suite 430

Bethel Park, PA 15102

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JEROME W. SALES TREASURER

(Typed or printed name and capacity of person signing application)

95 SEP 25 PM 12:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMSIS MOBILITY SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF SEPTEMBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

RECEIVED
SEP 25 PM 12:45
DIVISION OF CORPORATIONS




Edward J. Freel, Secretary of State

2517605 8300

950210041

AUTHENTICATION:

7641612

DATE:

09-15-95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
96 SEP 18 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004651

1. Corporation Name

COMSIS MOBILITY SERVICES, INC.

Principal Place of Business

2000 OXFORD DRIVE
SUITE 430
BETHEL PARK PA 15102

Mailing Address

2000 OXFORD DRIVE
SUITE 430
BETHEL PARK PA 15102

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1995

5. FEI Number

25-1768841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	FERTAL, MARTIN J	2000 OXFORD DRIVE SUITE 430	BETHEL PARK PA 15102
V	WILLIAMS, JEANNE	2000 OXFORD DRIVE SUITE 430	BETHEL PARK PA 15102
ST	SALES, JEROME W	2000 OXFORD DRIVE SUITE 430	BETHEL PARK PA 15102
C	LEE, CLARENCE W	2000 OXFORD DRIVE SUITE 430	BETHEL PARK PA 15102
VC	ALYASSINI, AMIR ALYASSINI, AMIR	2000 OXFORD DRIVE SUITE 430	BETHEL PARK PA 15102
100001952171 -09/20/96-0005-008 ****375.00 ****375.00			

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

REINSTATEMENT

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Lisa K. Pastor

Lisa K. Pastor, Agent

REGISTERED AGENT MUST SIGN

Date **9/17/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Jerome W. Sales
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

9/16/96
Date

(412) 854-6740
Daytime Phone #