

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

FLORIDA DEPARTMENT OF STATE  
**CORPORATION  
 REINSTATEMENT**  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 MAR 26 PM 12:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F97 00000 2357

1. Corporation Name

TRAFFIC SAFETY SYSTEMS, INC

2. Principal Office Address 917 N PALMWAY STREET	3. Mailing Office Address Suite, Apt. #, etc.
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City & State KISSIMMEE, FL	City & State KISSIMMEE, FL
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Zip 34744	Country	Zip 34744	Country
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4. Date incorporated or Qualified To Do Business in Florida 5/2/1997	Applied for Not Applicable
5. FEI Number 06-1477507	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	03.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 98-03

7. Name and Address of Current Registered Agent

Name GRACE PATTISON		
Street Address (P.O. Box Number is Not Acceptable) 917 N PALMWAY STREET		
Suite, Apt. #, Etc.		
City KISSIMMEE	State FL	Zip Code 34744

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 000014582050  
 03/19/03--01077--003 \*\*1500.00

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 <i>Grace Pattison</i>	Date 3/17/03
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REGISTERED AGENT MUST SIGN

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 / Street / Zip
PRESIDENT	PHIL WATKINS	28 WINDMILL STREET	LONDON W 1 T 2 JJ

03/19/03--01077--003 \*\*1500.00

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)(f), 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: <i>Phil Watkins</i>	PHIL WATKINS	407 933 7779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #

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