

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 29 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006913

1. Corporation Name

CIT Bus Corporation

2. Principal Office Address

1 CIT Drive

Suite, Apt. #, etc.

City & State

Livingston, NJ

Zip

07039

Country

U.S.A.

3. Mailing Office Address

1 CIT Drive

Suite, Apt. #, etc.

Mailstop 1320-1

City & State

Livingston, NJ

Zip

07039

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/30/1997

5. FEI Number

35-2030198

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04
TR

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

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

Jill E. Kranz
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

5/4/04

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
Director	Thomas L. Abbate	1 CIT Drive	Livingston, NJ 07039
D, T	Glenn A. Votek	1 CIT Drive	Livingston, NJ 07039
D, EVP	Robert J. Ingato	1 CIT Drive	Livingston, NJ 07039
SVP, S	Eric S. Mandelbaum	1 CIT Drive	Livingston, NJ 07039
AS	Linda M. Seufert	1 CIT Drive	Livingston, NJ 07039

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric S. Mandelbaum, SVP

4/30/2004

Date

(973) 740-5796

Daytime Phone #