


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> G57859					
1. Corporation Name EAST COAST TRANSPORTATION, INC. <i>HR</i>					
2. Principal Office Address 14125 Beach Blvd Suits, Apt. #, etc.			3. Mailing Office Address 4530 Wisconsin Ave, NW Suits, Apt. #, etc. 5th Floor		
City & State Jacksonville, FL			City & State Washington, DC		
Zip 32250	Country US	Zip 20016	Country US	4. Date Incorporated or Qualified To Do Business in Florida 09/01/1983	
				5. FEI Number 59-2363401	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional fee required for a Certificate of Status	

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent			
Name CORPORATION SERVICE COMPANY			
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
Suits, Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of Registered Agent: *Deborah A. Hunter* Date: 1/20/2004  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	see attached		

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]* Date: 01.20.04 Daytime Phone #: 202.895.1250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State  
Division of Corporations  
Public Access System

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To: Division of Corporations  
Fax Number : (850)205-0384

*TXF*

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

EAST COAST TRANSPORTATION, INC.

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**OFFICERS/DIRECTORS FOR ALL CAREY INTERNATIONAL, Inc. SUBSIDIARIES:**

<b>NAME</b>	<b>TITLE</b>	<b>RESIDENCE ADDRESS</b>	<b>BUSINESS ADDRESS</b>
Vincent A. Wolfington SS#169-32-8867	President & Director	4949 Lowell Street, NW Washington, DC 20016	4530 Wisconsin Ave, NW Washington, DC 20016
Mitchell J. Lahr SS#125-52-6346	Vice President and Treasurer	13520 Stonebarn Lane Gaithersburg, MD 20878	4530 Wisconsin Ave, NW Washington, DC 20016
Devin J. Murphy SS#593-22-9081	Vice President and Director	215 Century Place, #1103 Alexandria, VA 22304	4530 Wisconsin Ave, NW Washington, DC 20016
Gary L. Kessler SS#230-04-4918	Vice President and Secretary	3706 Manor Road #2 Chevy Chase, MD 20815	4530 Wisconsin Ave, NW Washington, DC 20016
Jeffrey R. Larsen SS#453-71-2055	Director	240 E 86th Street #7-O NY, NY 10028	717 Fifth Avenue 23rd Floor NY, NY 10022