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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT

002000001515

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # M02000001515
Name and Mailing Address

04 JAN 13 PM 3:11

01/23/04

0016678 01 MB 0.309 **AUTO T1 0 0615 75001-530650
OMNI TRANSPORT SYSTEMS, FLORIDA, LLC
4650 AIRPORT PKWY.
ADDISON TX 75001-5306



2. REINSTATEMENT 2003-2004		4. State/Country of Formation NV	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/12/2002	
Principal Place of Business 4650 AIRPORT PKWY. ADDISON TX 75001	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 75-2901680	Applied For Not Applicable
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: <i>[Signature]</i> Michael E. Jones Date: 1-5-04 REGISTERED AGENT MUST SIGN Assistant Secretary			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	GAYLAN CROWELL	4650 Airport PKWY	Addison, TX 75001
CEO	MARK E. JOHNSON	4650 Airport PKWY	Addison, TX 75001
		900023665829 12/16/03--01071--002 **150.00	
		900023665829 10/09/03--01047--001 **50.00	
REINSTATEMENT 2003-2004			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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.

Signature of Managing Member/Manager: *[Signature]* Date: 11-25-03 Daytime Phone #: 972 776 0130

Typed or printed name of signing Managing Member/Manager: GAYLAN CROWELL