

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG -8 PM 1:26

DOCUMENT # M26278

**1. Corporation Name**

XYZ-PBT Taxi, Inc.

**2. Principal Office Address**

160 S. Route 17 North

Suite, Apt. #, etc.

**City & State**

Paramus, NJ

**Zip**

07652

**Country**

USA

**3. Mailing Office Address**

1401 McKinney

Suite, Apt. #, etc.

Suite 2600

**City & State**

Houston, Tx

**Zip**

77010

**Country**

USA

**REINSTATEMENT 04-05**

**4. Date Incorporated or Qualified  
To Do Business in Florida 1/23/1986**

**5. FEI Number**  
59-2630617

Applied For  
 Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Corporation Service Company

**Street Address (P.O. Box Number is Not Acceptable)**  
1201 Hays Street

500058339965

Suite, 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 617.0503, F.S.**

Signature of Registered Agent

**Jeanine Reynolds  
as its agent**

Date

8-8-05

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 / State / Zip
VP/Tr	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652
Sec	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652
Dir	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652

**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:**

Ross Kinnear

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-05

Date

713.286.2015

Daytime Phone #

CR2E081 (01/04)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 523838 7111512

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 900.00

ORDER DATE : August 4, 2005

ORDER TIME : 9:08 AM

ORDER NO. : 523838-005

CUSTOMER NO: 7111512

CUSTOMER: Ms. Shayne A. Rosecrans  
Coach Usa  
Suite 2700, C/o Jenkins &  
Gilchrist 1401 Mckinney Street  
Houston, TX 77010

DOMESTIC FILINGS

NAME: XYZ-PBT TAXI, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
05 AUG - 8 AM 10:49  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA