

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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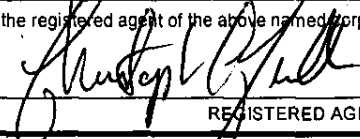
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

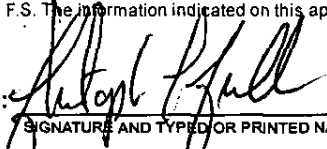
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<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P01000018573 1. Corporation Name  RAIL TECH CONSULTANTS, INC.			
<b>2. Principal Office Address</b> 131 NE 59 COURT Suite, Apt. #, etc. City & State FT. LAUDERDALE, FL Zip 33334 Country USA		<b>3. Mailing Office Address</b> 131 NE 59 COURT Suite, Apt. #, etc. City & State FT. LAUDERDALE, FL Zip 33334 Country USA	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 02/20/2001		<b>5. FEI Number</b> 65-1090635 Applied For Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name CHRISTOPHER FULLER		
Street Address (P.O. Box Number is Not Acceptable) 131 NE 59 COURT		
Suite, Apt. #, Etc.		
City FT. LAUDERDALE	State FL	Zip Code 33334

<b>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.</b>	
Signature of Registered Agent 	Date 08/19/03
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officers and/or Director	City/State/Zip
D	CHRISTOPHER FULLER	131 NE 59 COURT	FT LAUDERDALE FL 33334
PST	CHRISTOPHER FULLER	131 NE 59 COURT	FT LAUDERDALE FL 33334

<b>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.</b>			
SIGNATURE: 		CHRISTOPHER FULLER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
		08/19/03	786-236-5392

7/8/26