PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 29 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02783

1. Corporation Name
Laidlaw Transit, Inc.

REINSTATEMENT 4-05

2. Principal Office Address	3. Mailing Office Address
55 Shuman Blvd	55 Shuman Blvd
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400
City & State Naperville, IL	City & State Naperville, IL
Zip 60563 Country US	Zip 60563 Country US

4. Date Incorporated or Qualified To Do Business In Florida 7/23/1984

5. FEI Number 592364035 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT 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 Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date
REGISTERED AGENT MUST SIGN

CR2E086 (01/05)

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
Pres.	Kevin Edgar Benson	55 Shuman Blvd #400	Naperville, IL 60563
V. Pres.	John P Miller	55 Shuman Blvd #400	Naperville, IL 60563
Secretar	Beverly A Wyckoff	55 Shuman Blvd #400	Naperville, IL 60563

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: 6/29/05 630, 848, 3031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000159222 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

LAIDLAW TRANSIT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75

Electronic Filing Menu Corporate Filing Public Access Help