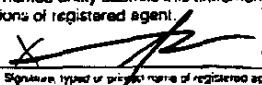


FROM :

FAX NO. : 2128406993

Oct. 28 2004 03:46PM P1

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000056603					
1. Entity Name MAXIM CHARTER BUS COMPANY, INC.					
Principal Place of Business 14-71 SOUTH EAST PORT ST LUCIES BLVD PORT ST LUCIE, FL 34952			Mailing Address 14-71 SOUTH EAST PORT ST LUCIES BLVD PORT ST LUCIE, FL 34952		
2. Principal Place of Business		3. Mailing Address 57 West 38th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. FL 12			
City & State		City & State NEW YORK NY			
Zip	Country	Zip	Country	4. FEI Number 06-1696486	
10018	USA	10018	USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOA, CARRIE K 14-71 SOUTH EAST PORT ST LUCIES BLVD PORT ST LUCIE, FL 34952				7. Name and Address of New Registered Agent Name TAM, GORDON Street Address (P.O. Box Number is Not Acceptable) 14-71 SOUTH EAST PORT ST LUCIES BLVD City PORT ST LUCIE, FL Zip Code 34952	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 10/28/2004	
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CARRIE K JOA 261-38 72 RD. LITTLE NECK, NY 11006	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GORDON TAM 73-41 173th Street Flushing, NY 11366	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				10/28/2004 78-886-8128	

FILED

04 NOV -9 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10282004 REIN-P CR2E098 (6/04)

Applied For
Not ApplicableCertificate of Status Desired ☐ \$8.75 Additional Fee Required

Name and Address of Current Registered Agent

Name and Address of New Registered Agent

JOA, CARRIE K
14-71 SOUTH EAST PORT ST LUCIES BLVD
PORT ST LUCIE, FL 34952

Name TAM, GORDON

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

14-71 SOUTH EAST PORT ST LUCIES BLVD

City PORT ST LUCIE, FL

Zip Code

34952

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/28/2004

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
CARRIE K JOA
261-38 72 RD.
LITTLE NECK, NY 11006☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
GORDON TAM
73-41 173th Street
Flushing, NY 11366☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #