


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

|                                             |  |                                                                                   |
|---------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P04000149739                     |  |  |
| 1. Entity Name<br>GESPER BUS SERVICES, INC. |  |                                                                                   |

FILED  
06 JAN 31 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>1130 N.W. 140TH ST.<br>MIAMI, FL 33168-6718 | Mailing Address<br>1130 N.W. 140TH ST.<br>MIAMI, FL 33168-6718 |
|----------------------------------------------------------------------------|----------------------------------------------------------------|



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

012320061 REIN: P04000149739 CR2E098(11/05)  
REINSTATEMENT 05-06

|                                                                                                                      |  |                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| 4. FEI Number                                                                                                        |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                           |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                            |  | \$8.75 Additional Fee Required                                                                                                   |
| 6. Name and Address of Current Registered Agent<br>SAINT-SUME, GESPER<br>1130 N.W. 140TH ST.<br>MIAMI, FL 33168-6718 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |

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: Gesper St Sum DATE: 1-23-06  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

| 10. OFFICERS AND DIRECTORS                     |                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                    |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SAINT-SUME, GESPER<br>1130 N.W. 140TH ST.<br>MIAMI, FL 331686718 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>800065570138<br>02/10/06--01026--008 **900.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gesper St Sum DATE: 1-23-06 DAYTIME PHONE: 305-953-0940  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)