## - PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATEM	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	Se	EPARTM cretary of on of corp	ENT OF STATE States N 25 F SECRETARY D	PM 3:51			
1. Corporation Name	PORTATION IN	* · • • · · <sub>*</sub> · · · · · · · · · · · · · · · · · · ·	Re	NSI -201	FORIDA			
2. Principal Office Address - No P.O. Box # 3. Mailing O 5706 NW 47TH LANE 5706 NV			ffice Address  N 47TH LANE		01/26/	200219623842 01/26/1201014001 **1350.00		
Suite, Apt. #, etc.		Suite, Apt. #, etc.**			CR2E081 (11/10)  4. Date Incorporated or Qualified			
City & State TAMARAC,	City & State TAMARAC, FL 33319 Zip Country			5. FEI Numb	To Do Business in Florida 04/17/2006  5. FEI Number			
zip 33319	US	33319	U	•	6. CERTIFICA	TE OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status	
Street Address (P.O. Bo 4200 NW 16TH ST Suite, Apt. #, Etc. 600-A City LAUDERHILL	ND INCOME  EX Number is Not Acceptable  From the second se		Sta <b>F</b>	te Zip Code L 33313		ion 607.0505 or 617.0503,	F.S.	
Signature of Registered Agent Michael Calculation REGISTERED AGENT MUST SIGN						Date 01/18/2012		
9. Names and Street A	ddresses of Each Officer and	/or Director (Florid	a nonprofit co	orporations must list a	t least 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City /	State / Zip	
PCEO ERIC	DAVIS		5706 1	NW 47 LA	NE	TAMARA	C, FL 33319	
			811 <b>2</b> 4111 <b>4</b> 11111				ř.	
			`\				(	
<sup>10.</sup> E-mail Addres	ss: highendaccounting	g@msn.com				/\ _/	*	
11. I certify that I am an	officer or director or the rece	ver or trustee emp		ed for future annual re- ecute this application		hapter 607 or 617, F.S. I further	certify that when filing this	

reinstatement application, the reasen for-discolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have the paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I any aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

IGNATURE:

01/18/2012
954-249-033 954-249-0334 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIGNATURE:

January 25th 2012

Florida Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Ed Transportation Inc.

5706 NW 47th Lane

Tamarac, FL 33319

FEIN: 20-4705747

Dear Ms Karen Gibson,

Ed Transportation Inc has been in business since April 17 2006 and has not had any name conflict with any other company or corporations in existence in Florida.

If there is further question, please do not hesitate to contact any of us.

Sincerely,

Michael Emokpae

(Accountant)

EP

(PCEO)

Eric W Davis