PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 29 AM 8:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38333

1. Corporation Name
SECURICOR INTERNATIONAL VALUABLES TRANSPORT, INC.

REINSTATEMENT 02-04
MRD

000039693590
07/29/04--01042--014 **1050.00

2. Principal Office Address	3. Mailing Office Address
BLDG 79	BLDG 79
Suite, Apt. #, etc.: JFK INT'L AIRPORT	Suite, Apt. #, etc.: JFK INT'L AIRPORT
City & State: JAMAICA, NY	City & State: JAMAICA, NY
Zip: 11430 Country: USA	Zip: 11430 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/4/02

5. FEI Number: 06-1209648 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 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, F.S.

Signature of Registered Agent: [signature] ANN LASKOWSKI Assistant Secretary Date: July 23, 2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LEONARD GATESON	601 E, 500 QUEENSWAY WEST	TORONTO, ON CANADA M5V-3K8
D	CHRISTOPHER FERGUS	SUITE 209, BLDG 79 NCA CARGO	JAMAICA, NY 11430
PD	ANDREW WYLIE	2 CHANTREYWOOD	BRENTWOOD ESSEX UK CM13-2TG

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, F.S. I further certify that with the submission of this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of s. 607.0401, 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 s. 119.07(3)(i), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X [signature] 07/26/04 718 244 6206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #