1 of 2

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
H05000225906 3

05 SEP 22 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

DOCUMENT # P94000088729

1. Entity Name
SAFE TRANSPORTATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 202 FLORENCE, NJ 08518	POST OFFICE BOX 202 FLORENCE, NJ 08518

2. Principal Place of Business	3. Mailing Address
429 LENNOX AVENUE	429 LENNOX AVENUE
Suite, Apt. #, etc. SUITE 5C11	Suite, Apt. #, etc. SUITE 5C11
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139 Country USA	Zip 33139 Country USA

09222005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3567558 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, CLAYTON E
KIRKPATRICK & LOCKHART LLP
201 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Capital Connection, Inc.
Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia Street
Suite 1
City: Tallahassee FL Zip Code: 32301

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: Leilani White 9/22/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, 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	P PALLETT, IAN POST OFFICE BOX 202 FLORENCE, NJ 08518 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P METCALF, TIMOTHY KETTLE COURT, HARRIS BUSINESS PARK BROMSGROVE, WORCS, B60 4BD, UK ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRADY, LAWRENCE POST OFFICE BOX 202 FLORENCE, NJ 08518 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARRIOTT, PAUL KETTLE COURT, HARRIS BUSINESS PARK BROMSGROVE, WORCS, B60 4BD, UK ☐ 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: P. MARRIOTT 9/20/05 +44 7779 323564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Florida Department of State

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

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)224-7047

CORPORATION REINSTATEMENT

SAFE TRANSPORTATION SYSTEMS, INC.

Certificate of Status	1
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