

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 SEP -2 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088729

1. Corporation Name

SAFE TRANSPORTATION SYSTEMS, INC.

2. Principal Office Address
P.O. BOX 202

3. Mailing Office Address
P.O. BOX 202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FLORENCE, NJ

City & State
FLORENCE, NJ

Zip Country
08518 USA

Zip Country
08518 USA

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/6/1994

5. FEI Number
593567558

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
CLAYTON E. PARKER

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

KIRKPATRICK & LOCKHART LLC

Suite, Apt. #, Etc.
201 S. BISCAYNE, BLVD, 20TH FLOOR

City
MIAMI

State
FL

Zip Code
33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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
P	IAN PALLETT	PO BOX 202	FLORENCE NJ 08518
VP	LAWRENCE BRADY	PO BOX 202	FLORENCE NJ 08518

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 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, 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 section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

IAN PALLETT, PRES

609-499-8601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2072

STS Safe Transportation Systems, Inc.

P.O. Box 202
Florence, New Jersey 08518

Tel: (609) 499-8601
Fax: (609) 499-2211

August 26, 2003

VIA U. S. REGULAR MAIL

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32399

Re: Safe Transportation Systems, Inc., Reinstatement

Dear Corporate Specialist:

This letter shall serve to inform you that the above referenced corporation was dissolved due to the fact the company moved and never received the Uniform Business Report in the mail, and therefore never filed same.

I enclose the following to have the corporation reinstated.

1. Reinstatement
2. Filing Fee in the amount of US\$300.00, payable to "Department of State".
For 2002 and 2003 filing fees.

Thank you for your assistance in this matter. If you should have any questions or comments concerning the foregoing, please do not hesitate to contact the undersigned regarding same.

Very truly yours,



IAN PALLETT, PRESIDENT

IP/acw

Enclosure(s): as stated