


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  2007 JUN -5 PM 12:17  SECRETARY OF STATE TALLAHASSEE FLORIDA  100104426471 06/15/07--01032--015 **1658.75	
DOCUMENT # <b>PR5000033607</b>					
1. Corporation Name <b>TRANSPORTATION SERVICES INTERNATIONAL, INC.</b>					
2. Principal Office Address - No P.O. Box # <b>3972 N.W. 25th WAY</b>		3. Mailing Office Address <b>SAME</b>		<b>REINSTATEMENT</b>  CR2E081 (1/07) <b>01-07</b>	
Suite, Apt. #, etc. <b>SAME</b>		Suite, Apt. #, etc. <b>SAME</b>			
City & State <b>BOCA RATON, FL.</b>		City & State <b>SAME</b>			
Zip <b>33434</b>	Country <b>U.S.A.</b>	Zip <b>SAME</b>	Country <b>SAME</b>		
4. Data Incorporated or Qualified To Do Business In Florida <b>4/27/95</b>				5. FEI Number <b>650578279</b>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$0.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>DINA MISEMER</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>3972 N.W. 25th WAY</b>					
Suite, Apt. #, Etc. <b>SAME</b>					
City <b>BOCA RATON</b>		State <b>FL</b>	Zip Code <b>33434</b>		
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 <b>Dina Misemer</b>				Date <b>5-18-07</b>	
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		
<b>PRES.</b>	<b>NINETTE CUTI</b>	<b>6295 N.W. 43rd TER.</b>	<b>BOCA RATON, FL. 33496</b>		
<b>VIR.</b>	<b>TODD MISEMER</b>	<b>3972 N.W. 25th WAY</b>	<b>BOCA RATON, FL. 33434</b>		
<b>VIR.</b>	<b>JOSEPH CUTI</b>	<b>6295 N.W. 43rd TER.</b>	<b>BOCA RATON, FL. 33434</b>		
<b>VIR.</b>	<b>MELANIE CUTI</b>	<b>9340 S.W. 72nd AVE</b>	<b>MIAMI, FL. 33156</b>		
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 contained in Chapter 119, 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: <b>JOSEPH CUTI</b>		Date <b>5-18-07</b>		Daytime Phone # <b>646-208-2121</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

02. Williams JUN - 5 2007