

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000084878		99TAY 28 10:57	
1. Corporation Name Transit Surveys, Inc.		SEC. 607.0505, F.S. TAXPAYER IDENT. NO. 111-0717	
Principal Place of Business		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 507B Herbert Street		3. New Mailing Office Address, If Applicable P.O. Box 291580	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Orange Florida		City & State Port Orange, Florida	
Zip 32129-1580 Country USA		Zip 32129-1580 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 11/2/95		5. FEI Number 13-5665090	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES	Willard Woytowick	66 Seawinds Circle	Ponce Inlet, FL 32127
			900002898139--8
			-06/08/99--01048--015
			***1200.00 ***1200.00
REINSTATEMENT 96-99			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Willard Woytowick	
		Street Address (P.O. Box Number is Not Acceptable) 66 Seawinds Circle	
		Suite, Apt. #, Etc.	
		City Ponce Inlet State FL Zip Code 32127	
10. 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 <i>Willard Woytowick</i>		Date 5/25/99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
(See other side for information on intangible tax)			
12. 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: <i>Willard Woytowick</i>		Date 3/21/99 (904) 288-2965	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Willard Woytowick President		Daytime Phone #	