P98000 103859

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	V
REINSTATEMEN	ĮΤ



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P98000103859**

1. Corporation Name

GREENWAY TROLLEY & TRANSIT, INC.

					1.0t
2. Principal Office Address		3. Mailing Office Address		****300.80 ****90	
4901 N.	Federal Hwy.	4901 N. Fed	leral Hwy.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·
Suite 440		Suite 440 als.		4. Date Incorporated or Qualified To Do Business in Florida	
City & State		City & State		12/	1/1998
Fort Lauderdale, FL		Fort Lauderdale, FL		5. FEI Number	Applied For
				650945345	Not Applicable
Zip	Country	Zip	Country	6	£9.75 a with 14.50 miles
33308 USA		33308" - Ü'SA		CERTIFICATE OFSTATIS DESIRED S8.75 Additional Fee re for a Certificate of St	

7. Name and Address of Current Registered Agent					
Name					
Thomas F. Gustafson					
Street Address (P.O. Box Number is Not Acceptable)					
4901 North Federal Highway					
Suite, Apt. #, Etc.	·				
Suite 440					
City	State Zip Code 3 3 3 0 8				
Fort Lauderdale	FL 33308				

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 A		Date 1/30/2007					
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	Bob Schuster		Orlando, FL 32837				
PD	Thomas F. Gustafson	Suite 440	Ft. Lauderdale, FL 33308				
D	John Barr	12113 Indian Mound Rd.	Lake Worth, FL 33467				
S	Tim Gupton	708 Westwood Drive	Raleigh, NC 27607				
		Keinsiaieweni o	1-02				
			B 2/7				

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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/20WZ

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