

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 11 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P98000103859

1. Corporation Name Greenway Transit and Technologies, Inc.

REINSTATEMENT 03-06

T. Roberts JAN 12/2006
CR2E081 (8/05)

2. Principal Office Address
4901 N. Federal Hwy.

3. Mailing Office Address
4901 N. Federal Hwy.

Suite, Apt. #, etc.
Suite 440

Suite, Apt. #, etc.
Suite 440

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip
33308

Country
USA

Zip
33308

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/11/1998

5. FEJ Number

65 0945345

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

Thomas F. Gustafson

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

4901 N. Federal Hwy.

Suite, Apt. #, Etc.

Suite 440

City

Ft. Lauderdale

State
FL

Zip Code
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 Agent

Thomas F. Gustafson

REGISTERED AGENT MUST SIGN

Date 1-6-2006

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	12319 S. Orange Blossom Trail #192	Orlando, FL 32837
P/D	Thomas F. Gustafson	4901 N. Federal Hwy., #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

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:

Thomas F. Gustafson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas F. Gustafson

1/6/06

Date

954-661-7848

Daytime Phone #