2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCÚMENT # P99000051041] [FILED		
1. Entity Name TRANSPORTATION INFORMATION SERVICES, INC.					06 DE	C-5 PM 4:	0 9	
Principal Place of Business P 0 B0X 121251		Mailing Address P 0 B0X 121251			SEN	TARY OF STA	WOA.	
CLERMONT, FL 34712 US CLERMONT, FL 34712			US			i iriis fami batif berti gári sa	run girəl ilkir bəkil diği	N 1707000: IN 1001
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			102 ROBINSTATED MEDIT			
City & State		City & State			4. FEI Number Applied For 59-3586093 Not Applicate		Applied For Not Applicable	
Zip	Country Zip Cou		Countr	у	5. Certificate	of Status Desired	□ \$8.75 Fee Requ	Additional uired
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
POHLAR, JEFFRY 11729 LAKE MINNEOLA SHORES CLERMONT, FL 34711				Street Address (P.O. Box Number is Not Acceptable)				
OLEMBON, LE 34711								
				City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature of the standard of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
FILE NOW!!! FEE IS \$750.00								
After January 1, 2007, Fee will be \$900.00								
10.	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS	CHANGES TO OFFICE	ERS AND DIRECT	
NAME			NAME				 .	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	4.0 12/05	70008228 70601023	36904 -013 **75	0.00
TITLE NAME	D Delete ITTLE POHLAR, JEFFRY						Chan	ge 🔲 Addition
STREET ADORESS	DRESS 11729 L.K. MINNEOLA SHORES STR			T ADORESS				
CITY-ST-ZIP				ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME				☐ Chan	ge 🔯 Addition
STREET ADDRESS CITY-SI-ZIP			STREET CITY-S	T ADDRESS				
TITLE		☐ Defete	TITLE	51-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Chan	ne 🗖 Addition
NAME		250,000	NAME					
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	T ADDRESS ST-ZIP				ı
TITLE		☐ Delete	TITLE				☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS			NAME	T ADORESS				
CITY-ST-ZIP		<u> </u>	CITY-S					
TITLE		☐ Delete	TITLE NAME				☐ Chan	ge 🔲 Addition
NAME Street Address				T ADORESS				
CITY-ST-ZIP				ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employee of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: MY OI								
SECURITIES OF PRINTED NAME OF BICHRING OFFICER OR DIRECTOR Date Daylime Prone #								
P Mitchell DEC - 5 2000								