

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 NOV 24 PM 1:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S01830

1. Corporation Name
CENTRAL TRANSIT SYSTEM INCORPORATED

Principal Place of Business Mailing Address
 3941 FORSYTH ROAD P.O. BOX 1773
 WINTER PARK FL 32792 WINTER PARK FL 32790
 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <i>N/A</i>		3. Now Mailing Office Address, If Applicable <i>N/A</i>		4. Date Incorporated or Qualified To Do Business in Florida 09/05/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3033929	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country		Country			

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
P	LE, THUY T.	P.O. BOX 1773, N/A	WINTER PARK FL SANFORD
+	LOWE, KEITH W.	P.O. BOX 1773	WINTER PARK FL
P/D	LE, THUY T.	136 Lakeside CIR	SANFORD, FL 32773

REINSTATEMENT

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 11/24/97

8. Name and Address of Current Registered Agent LE THUY T. 3941 FORSYTH ROAD WINTER PARK FL 32792		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800002361340--4 Suite, Apt. #, Etc. -12/02/97--01092--019 City State Zip Code ****923.75 ****923.05 FL	
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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 *[Signature]* Date 11/20/97
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No
 (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: *[Signature]* Date 11/20/97 Daytime Phone # 407-677-4433
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRP040 (7/96)