PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 10 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # Z00447

1. Limited Liability Company's Name
BAY AREA YELLOW CAB, L.C.

2. Principal Office Address	3. Mailing Office Address
2045 Lawson Road	160 S. Route 17 North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, Florida	City & State: Paramus, NJ
Zip: 34623 Country: USA	Zip: 07652 Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 9/17/1991
6. FEI Number: 59-3083437 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Jeanine Reynolds as its agent Date: 12-9-04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
VP	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652
Tres	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652
Secr	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652
Dir	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652

REINSTATEMENT 2004 BK 700043382437

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Shayne Rosecrans Authorized Rep. Date: 12/9/2004 Daytime Phone #: 713-286-2015

Typed or printed name of signing Managing Member/Manager: Shayne A. Rosecrans

N04000245533 3

CORPORATION SERVICE COMPANY

200447

ACCOUNT NO. : 072100000032

REFERENCE : 073222 7111512

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 155.00

ORDER DATE : December 9, 2004

ORDER TIME : 2:28 PM

ORDER NO. : 073222-010 12/10/04

CUSTOMER NO: 7111512

CUSTOMER: Ms. Shayne A. Rosecrans
Coach Usa
Suite 2700, C/o Jenkens &
Gilchrist 1401 Mckinney Street
Houston, TX 77010

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TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: BAY AREA YELLOW CAB, ~~L.L.C.~~ L.C.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ PLAIN STAMPED COPY
XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire

EXAMINER'S INITIALS _____