

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 -4 PM 12:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005074**

1. Corporation Name
KEYSTONE FREIGHT CORP.

Principal Place of Business: 333 MEADOWLAND PKWY. SECAUCUS NJ 07094
 Mailing Address: 333 MEADOWLAND PKWY. SECAUCUS NJ 07094



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/29/1994	
City & State		City & State		5. FEI Number	
Zip		Country		23-2248967	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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
PDC	WALSH, NORBERT J	42 WOODCLIFF LAKE RD.	SADDLE RIVER NJ 07458
ST	WISNIEWSKI, RAYMOND	36 WOODHOLLOW LANE	RIDGEWOOD, NJ 07450
ST	WISNIEWSKI, RAYMOND	36 WOODHOLLOW LANE	RIDGEWOOD, NJ 07450

REINSTATEMENT

9/30/97
11/3/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1700 S. PINE ISLAND RD.
 PLANTATION FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. 600002340106--4
 City Date 11/06/97 State FL Zip Code 01055-025
 ****750.00 ****750.00

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: *Kimberly D. Gilbertson*
Kimberly D. Gilbertson
 Assistant Secretary
 Date: 11/3/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Kimberly D. Gilbertson Pres.* 10-28-97 201-865-7600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)