

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -8 PM 1:26

DOCUMENT # M26278

1. Corporation Name

XYZ-PBT Taxi, Inc.

2. Principal Office Address

160 S. Route 17 North

3. Mailing Office Address

1401 McKinney

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2600

City & State

Paramus, NJ

City & State

Houston, Tx

Zip

07652

Country

USA

Zip

77010

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 1/23/1986

5. FEI Number

59-2630617

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

500058339965

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

**Jeanine Reynolds
as its agent**

Date

8-8-05

REGISTERED AGENT MUST SIGN

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
VP/Tr	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652
Sec	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652
Dir	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652

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:

Ross Kinnear

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-05

Date

713.286.2015

Daytime Phone #

CR2E081 (01/04)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 523838 7111512

AUTHORIZATION :

Patricia Piguet

COST LIMIT : \$ 900.00

ORDER DATE : August 4, 2005

ORDER TIME : 9:08 AM

ORDER NO. : 523838-005

CUSTOMER NO: 7111512

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

DOMESTIC FILINGS

NAME: XYZ-PBT TAXI, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____

RECEIVED
 05 AUG - 8 AM 10:49
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA