

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

00 MAY -8 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001125

1. Corporation Name

TAKEOUT TAXI OF ORLANDO, INC.

Principal Place of Business

Mailing Address

1516 EAST COLONIAL DRIVE
STE 120-E
ORLANDO FL 32803
US

1516 EAST COLONIAL DRIVE
STE 120-E
ORLANDO FL 32803
US

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

03/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

54-1417966

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CDCE	BRODY, MARTIN	1175 HERNDON PARKWAY, #900	HERNDON VA 20170
D	MCKINNON, DAVID	1175 HERNDON PARKWAY, #900	HERNDON VA 20170
D	WILLIAMSON, DOUG	1175 HERNDON PARKWAY, #900	HERNDON VA 20170
VP	MILLER, ALAN	1175 HERNDON PARKWAY, #900	HERNDON VA 20170
			400003280664-4 -05/08/00--01003--019 *****8.75 *****8.75 400003280664-4 -05/08/00--01003--020 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE SUITE 200
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

William D. Williamson
REGISTERED AGENT MUST SIGN

Date 5-4-00

11. 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:

William D. Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2000
Date

Daytime Phone #

KE

CR2E040 (8/99)