

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006147

1. Corporation Name

PHILADELPHIA AIRPORT TAXI SERVICE, INC.

Principal Place of Business

Mailing Address

333 JENKINTOWN COMMON, SUITE 300
JENKINTOWN PA 19046

333 JENKINTOWN COMMON, SUITE 300
JENKINTOWN PA 19046

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1998

5. FEI Number

23-2690984

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PC	SOMERMAN, CYNTHIA	716 GERMANTOWN PIKE	LAFAYETTE HILL PA 19444
VST PST, Director	SOMERMAN, BRIAN	716 GERMANTOWN PIKE	LAFAYETTE HILL PA 19444
			200003441772-3 -10/27/00-01020-026 *****8.75 *****8.75
			200003441772-3 -10/27/00-01020-027 *****750.00 *****750.00
			REINSTATEMENT
			TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DONICA, HERBERT R
320 W. KENNEDY #520
TAMPA FL 33606

Name

CT CORPORATION SYSTEM

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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 RCONNE BRYAN

REGISTERED AGENT MUST SIGN

Date October 24, 2000

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brian Somerman

October 23, 2000 (215) 886-0430

Date

Daytime Phone #