1 of 3

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 OCT 13 PM 4:19

SEC. OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G24826

1. Corporation Name

XYZ-JP TAXI, INC.

REINSTATEMENT 04-06

CR2E081 (12/05)

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

4. Date Incorporated or Qualified To Do Business in Florida: 02/21/1983

5. FEI Number: 59-2470727 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $ 75.00 [illegible]

7. 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

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: Sara Lea as its agent Date: 10/13/2006

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
V	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652
S	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652
T	Ross Kinnear	160 S. Route 17 North	Paramus, NJ 07652
D	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 contained in Chapter 119, 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, Vice President October 11, 2006 201-225-7521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

XYZ-JP TAXI, INC.

160 S. Route 17 North
Paramus, NJ 07652

October 6, 2006

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Waiver of Reinstatement Fee

Dear Sirs:

XYZ-JP Taxi, Inc., a Florida corporation, is filing herewith its Corporation Reinstatement. The company did not receive the annual report notice for 2004, the year in which the company was administratively dissolved. The company respectfully requests that the $600.00 reinstatement fee be waived.

Thank you for your assistance in this matter.

Sincerely,

Ross Kinnear
Vice President

DALLAS1 1109171v1 40977-00095

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Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Please note attached letter

Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000 - ext 2914
Fax Number : (850)558-1575

* Please let me know final cost of this. *

CORPORATION REINSTATEMENT

XYZ-JP TAXI, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$1,050.00