

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB -7 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000092623

1. Limited Liability Company's Name

New World Taxi *Brice LLC*

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

2000 Florida Mango

Suite, Apt. #, etc.

105

City & State

West Palm Beach

Zip

33409

Country

US

3. Mailing Office Address

2000 Florida Mango

Suite, Apt. #, etc.

105

City & State

West Palm Beach

Zip

33409

Country

US

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

09/10/2007

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Manny Carrion

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

2000 Florida Mango

Suite, Apt. #, Etc.

107

City

West Palm Beach

State

FL

Zip Code

33409

E-mail Address:

100220806171
02/07/12--01025--021 **\$77.50

Manny Carrion

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date

1/16/2012

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	your safe drivers corp	2000 Florida Mango ste 108	West Palm Beach FL 33409

REINSTATEMENT 11-12

FEB 08 2012

L. SELLERS

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

1/16/2012

Daytime Phone #

561-935-7395

Typed or printed name of signing Managing Member/Manager Manuel Carrion