

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

105

**CORPORATION  
REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

FILED  
05 JUL 23 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000000396**

1. Corporation Name

**Orlando United Taxi Driver  
Association Inc.**

2. Principal Office Address

**4530 South OBT**

Suite, Apt. #, etc.

3. Mailing Office Address

**4530 South OBT**

Suite, Apt. #, etc.

City & State

**Orlando FL**

Zip

**32839**

Country

**Orange**

City & State

**Orlando FL**

Zip

**32839**

Country

**Orange**

**2005 ANNUAL REPORT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-3708805**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Sael Pierre**

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

**1843 Rushwood Ct**

Suite, Apt. #, Etc.

**900058541399**

09/15/05--01002--009 \*\*61.25

City

**Orlando**

State

**FL**

Zip Code

**32818**

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

REGISTERED AGENT MUST SIGN

Date **6/20/2005**

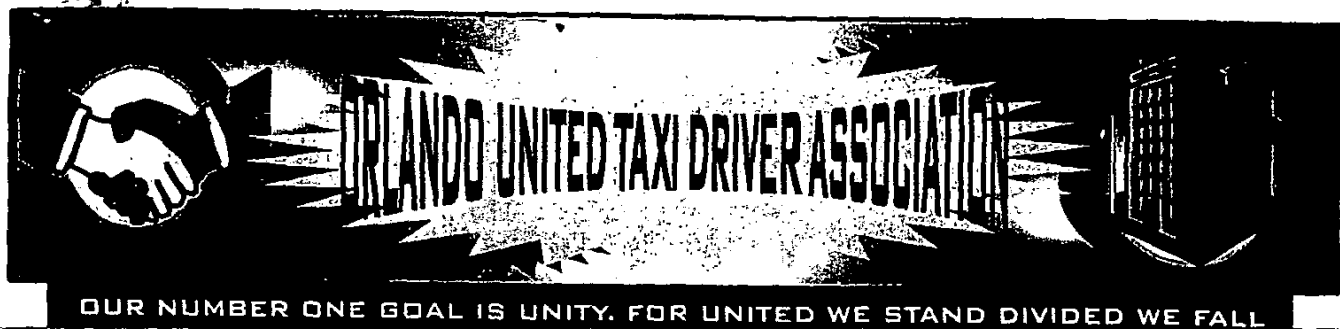
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Pierrot Sael	1843 Rushwood Ct	Orlando, FL 32818
V/P	CHERY Rene	1325 W. Washington St	Orlando, FL 32805
S/D	Soelle Pierrot	1843 Rushwood Ct	Orlando, FL 32818
T/D	Duval Noel	6415 Moore St	Orlando, FL 32818
Asst	Stear, Edmond	431 South Hart Br	Orlando, FL 32835
Asst/S	Wulgens Gedeus	1332 44th Street	Orlando FL 32839

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)(b), 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: **Sael Pierrot Sael Pierrot** **06/21/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2 (05/10/04)



2022

Deposit it in receptacle provided.

After each member had cast his or her vote the chairperson declared the polls closed.

The inspectors retired to canvass the vote and the meeting proceeded to consider other business.

The inspectors of election then notified the chairperson that the canvass of ballots had been completed and they are ready to certify as to the results.

The following persons were elected by the President in accordance with our by laws.

For President elect,	Mr.	Sael Pierrot	<i>Sael Pierrot</i>
For Vice President,	Mr.	René Chery	<i>René Chery</i>
For Secretary,	Ms.	Saëlle Pierrot	<i>Saëlle Pierrot</i>
For Asst. Secretary,	Mr.	Wilgens Gedeus	<i>Wilgens Gedeus</i>
For Treasurer,	Mr.	Duval Noel	<i>Duval Noel</i>
For Asst. Treasurer,	Mr.	Jean Edmond	<i>Jean Edmond</i>
For Director,	Mr.	Cincyr Nercius	<i>Cincyr Nercius</i>