

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000000396

FILED  
Dec 20, 2013  
Secretary of State

**Entity Name:** ORLANDO UNITED TAXI DRIVERS ASSOCIATION, INC.

**Current Principal Place of Business:**

750 SOUTH ORANGE BLOSSOM TRAIL  
SUITE 170  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 585462  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 59-3708805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERROT, SAEL  
750 SOUTH ORANGE BLOSSOM  
SUITE 170  
ORLANDO, FL 32808 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAEL PIERROT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PIERROT, SAEL  
Address: 750 OBT # 170  
City-St-Zip: ORLANDO, FL 32805

Title: S  
Name: DERONVIL, ADNY P  
Address: 7239 REX HILL TRAIL  
City-St-Zip: ORLANDO, FL 32818

Title: TD  
Name: CASTOR, FENEL  
Address: 7142 GROOVED LAKE TRAIL  
City-St-Zip: ORLANDO, FL 32818

Title: ATD  
Name: HOCTOR, FRANKLIN  
Address: 828 CHARLES ST  
City-St-Zip: ORLANDO, FL 32808

Title: BD  
Name: CADELY, GNELLE  
Address: 5637 MINUT MEN CT  
City-St-Zip: ORLANDO, FL 32821

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAEL PIERROT

PD

12/20/2013

Electronic Signature of Signing Officer or Director

Date