


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000003237		
1. Entity Name NEW VISION TAXI DRIVERS ASSOCIATION OF MIAMI, INC.		

Principal Place of Business 7134 N W 1ST AVE MIAMI, FL 33150	Mailing Address P O BOX 640066 MIAMI, FL 33164
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
07 MAR 20 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03082007 REIN-NP CR2E099 (1/07)

4. FEI Number 20-4463692	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRANCIOS, RAYMOND 7134 N W 1ST AVE MIAMI, FL 33150		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEAC, PIERRE 2001 N W 32ND ST MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EMMANUEL CHERVIL 11000 N.E 3 <sup>TH</sup> AVE MIAMI FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILFORD, JOSEPH B 236 N E 28TH ST MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEONEL GARÇON 3146 N.W 66 STREET MIAMI FL 33147 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE ADVISOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVARISTE, MORRIS M 219730 N W 6TH PL MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVARISTE, MORRIS M 19730 N.W 6TH PL MIAMI FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCOIS, RAYMOND 11970 N E 16TH AVE MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	00009580526 04/04/07--01039--009 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond Francois 3-11-07 786-880-6196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2.3/23