

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 DEC 30 AM 11:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N97000002029					
Corporation Name aAMERICAN PROFESSIONAL CAB DRIVERS ASSOCIATION OF BROWARD COUNTY INC					
Principal Place of Business		Mailing Address			
400 N ANDREWS AVE #203 ft FT LAUDERDALE FL 33301		1906 sw 8 st FT LAUDERDALE FL 33312			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
		1906 ss W 8 ST		11 05 99	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0775034	
				applied for	
City & State		City & State		Applied For	
		FT LAUDERDALE FL		Not Applicable	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED	
Country		Country			
33312		broward			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
2		3	4		
P	CADET GERLYN	1906 SW 8 ST	FT LAUDERDALE FL33312		
SD	PIERRE FRANTZ	4005 N UNIVERSITY DR*D212	sunrise city fl 33351		
AD	ESCALONA ROBERT	220-15 SW 66 AVE	BOCA RATON FL33421		
TR	KAVANAGHT DICKENS	6505 EMERAL LAKE DR	HALLANDALE FL 33023		
			500003096725--6		
			-01/12/00--01098--010		
			****236.25 ****236.25		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
ESCALONA ROBERT			Name		
220-15 S W 66 AVE			Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL33421			Suite, Apt. #, Etc.		
			City		
			State		
			FL		
			Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent			Date		
REGISTERED AGENT MUST SIGN			Nov 3, 1999		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/>					
(See other side for information on intangible tax.)					
12. 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)(i), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: CADET GERLYN					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					