

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda L. Wood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN -8 AM 8:00

DOCUMENT # N97000002029

1. Corporation Name

AMERICAN PROFESSIONAL CAB DRIVERS OF BROWARD COUNTY, INC.

Principal Place of Business

Mailing Address

8240 SW 11TH ST.  
N. LAUDERDALE FL 33068

1906 SSW 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

WALIER DURA  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

2024 NW 12 Ave  
City & State

City & State

Fort Lauderdale  
Zip

Country

33311  
Country

Country

REINSTATEMENT

03-04



MRS

700030065697

06/08/04--01011--013 \*\*236.65

4. Date Incorporated or Qualified To Do Business in Florida

04/10/1997

5. FEI Number

65-0775034

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

| Title(s)<br>1 | Name of Officers and/or Directors<br>2 | Street Address of Each Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|--|---|-------------------------|
| P             | CADET, GERLYN                          | 1906 S.W. 8 ST.                                     | FT. LAUDERDALE FL 33321 |
| SD            | PIERRE, FRANTZ                         | 4005 N UNIVERSITY DR #D 212                         | SUNRISE CITY FL 33351   |
| AD            | ESCALONA, ROBERT                       | 220-15 S.W. 66 AVE.                                 | BOCA RATON FL 33421     |
| TR            | KAVANAGHT, DICKENS                     | 6505 EMERAL LAKE DR.                                | HALLANDALE FL 33023     |
|               |  |   |                         |
|               |  |   |                         |
|               |  |   |                         |

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03/09/04--01035--001 \*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESCALONA, ROBERT  
220-15 S.W. 66 AVE.  
BOCA RATON FL 33421

Name

WALIER DURA

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

2024 NW 12 Ave

Suite, Apt. #, Etc.

Fort Lauderdale

City

State

FL

Zip Code

33311

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. or 617.0505, F.S.

Signature of Registered Agent

Walter Dura

REGISTERED AGENT MUST SIGN

Date

02-11-2004

11. 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Walter Dura  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/04  
Date

Daytime Phone #