

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 23 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P01000006903

1. Corporation Name

ORANGE CAB, INC.

Principal Place of Business

236 S ALABAMA AVE
DELAND FL 32720

Mailing Address

P O BOX 2329
DELAND FL 32721

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2001

5. FEI Number

Applied for

X

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres	Thompson Vuchic	1765 South Tommer St	DeLand FL 32738

300008544113
10/23/02--01041--006 **150.00

10/23

8. Name and Address of Current Registered Agent

FIEDLER, TIMOTHY R
233 S WOODLAND BLVD
DELAND FL 32720

9. Name and Address of New Registered Agent

Name

TIMOTHY R. FIEDLER

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

223 S. Woodland Blvd.

Suite, Apt. #, Etc.

City DeLand

State
FL

Zip Code
32720

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

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 386 736 4456

CR2E040 (8/02)

ORANGE CAB, INC.

PO Box 2329
DeLand, FL 32721-3298
Phone: (386) 860-1110
Fax: (386) 860-8725

Division Of Corporations

10/21/02

This letter is to inform you that I never received any past notices or UBR'S from your office. I depend on my Accountant and my Attorney to handle these matters. As this corporation is new and only I can make this payment, I don't feel that they are at fault. Between not receiving any notices and not being aware that I should, I would like to have any penalty waived.

Thank You,



Thomas M Vurchio