

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB - 1 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD 1000061533

1. Corporation Name

AVAILABLE TAXI COMPANY,
INC.
W04-41186

2. Principal Office Address

1043 26th St.
Suite, Apt. #, etc.

3. Mailing Office Address

534 Tulane Dr.
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Altamonte Spg, FL

Zip

32805

Country

Zip

32714

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06-18-2001

5. FEI Number

59-3737313

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Nercius Cincyr

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

1043 26th St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32805

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-29-04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Nercius Cincyr	534 Tulane Dr.	Alt. Spg, FL 32714
T	Isaiah Cincyr	534 Tulane Dr.	Alt. Spg, FL 32714
V.P.	Dieufantésaint Vil	534 Tulane Dr.	Alt. Spg, FL 32714

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01/20/04 00009 022 \$1500

10. 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] NERCIOUS CINCYR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/2004

Daytime Phone #

[Handwritten mark]

CR2E081 (01/04)