

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0100104488

1. Corporation Name

American Beach TAXI, INC

2. Principal Office Address

12202 Middle Beach RD
Suite, Apt. #, etc.

Building 51

City & State

Panama City Beach, FL

Zip

Country

32407

USA

3. Mailing Office Address

P.O. Box 9278
Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

Country

32407

USA

900024248299
10/29/03--01021--003 **8.75

REINSTATEMENT 122-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/29/01

5. FEI Number

59-348 7954

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID G. Cobb

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

12202 Middle Beach Road

Suite, Apt. #, Etc.

BUILDING 56

City

Panama City Beach FL 32407

State

FL

Zip Code

32407

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 10-22-03

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
PRES	DAVID G. Cobb	12202 Middle Beach RD #56	Panama City Beach FL 32407

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-03

Date

850-230-9090

Daytime Phone #

CR2E081 (10/02)