

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 20 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000006232

1. Corporation Name

JET TAXI, INC.

2. Principal Office Address

15001 NW 42 Ave.

Suite, Apt. #, etc.

Bldg. 47

City & State

Miami, Florida

Zip

33054

Country

USA

3. Mailing Office Address

15001 NW 42 Ave

Suite, Apt. #, etc.

Bldg. 47

City & State

Miami, Florida

Zip

33054

Country

USA

REINSTATEMENT 03

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

1/18/02

5. FEI Number

30-0037760

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

Peninsula Registered Agents, Inc.

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

200 South Biscayne Blvd., Suite 430

Suite, Apt. #, Etc.

43rd Floor

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Peninsula Registered Agents, Inc.

Signature of
Registered Agent By:

Debra Palmisano

Date

10/14/03

REGISTERED AGENT MUST SIGN Debra Palmisano, VP

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
C/D/ P/S/T	Salomon, Camilo	15001 NW 42 Ave, Bldg. 47	Miami, Florida 33131
	<i>Steel Hector</i>		

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:

Camilo Salomon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

CR2E081 (10/02)