

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 12:36

TALLAHASSEE, FLORIDA

DOCUMENT # P02000008272

1. Corporation Name

ATLANTIC TAXI, INC.

Principal Place of Business

Mailing Address

1997 NW 55TH AVE.
MARGATE FL 33063

1997 NW 55TH AVE.
MARGATE FL 33063

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

2. New Principal Office Address, If Applicable

1951 NW 55 AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1951 NW 55 AVE
Suite, Apt. #, etc.

City & State
MARGATE, FL

Zip 33063 Country USA

City & State
MARGATE, FL

Zip 33063 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/2002

5. FEI Number

26-0029199

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WILLIAMS, GREGORY R	501 SW 50TH TER. 1951 NW 55 AVE	MARGATE FL 33063
D	JACOB, GERALD C	1997 NW 55TH AVE.	MARGATE FL 33063

8. Name and Address of Current Registered Agent

JACOB, GERALD C
1997 NW 55TH AVE.
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name

GREGORY R WILLIAMS

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

1951 NW 55 AVE

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-16-03

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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-03

Daytime Phone #

954-
979-3033

CR20040 (7/03)

Atlantic TAXI

Pompano
Margate
Coconut Creek
Coral Springs
No. Lauderdale
Tamarac
24 Hours Service

(954)

979-3033



TO WHOM IT MAY CONCERN:

MY REGISTERED AGENT, GERALD JACOB, LEFT THE COMPANY
SEVERAL MONTHS AGO. I NEVER RECEIVED ANY UNIFORM BUSINESS
REPORTS, AND JUST RECEIVED A DISSOLUTION/REVOCAION NOTICE.
AS PER OUR PHONE CONVERSATION OF 10-18-03, I AM WRITING
THIS LETTER TO REQUEST REINSTATEMENT OF ATLANTIC TAXI INC.
I AM ALSO THE NEW REGISTERED AGENT, SO ALL CORRESPONDENCE
WILL COME TO ME, SO THIS PROBLEM WILL NOT OCCUR AGAIN
IN THE FUTURE. ENCLOSED IS A CHECK FOR \$150.00.

THANK YOU

GREGORY R WILLIAMS

PRESIDENT

ATLANTIC TAXI INC.
1951 NW 55 AVE
MARGATE, FL 33063