

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01/16/07

FILED

07 JAN 16 AM 11:41


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600086167776

01/25/07--01004--006 **\$08.75

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02 0000 29318**

1. Corporation Name

A AMERICAN TAXI, INC

2. Principal Office Address - No P.O. Box #

1575 AVIATION CTR PKY 1575 AVIATION CTR PARKWAY

Suite, Apt. #, etc.

#523

City & State

DAYTONA BEACH, FL

Zip

32114

Country

FLORIDA

3. Mailing Office Address

Suite, Apt. #, etc.

#523

City & State

DAYTONA BEACH, FL

Zip

32114

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

3/18/2002

5. FEI Number

04-3642174

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

DONALD JACKSON

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

1816 FLAG LANE

Suite, Apt. #, Etc.

City

ORMOND BEACH, FL

State

FL

Zip Code

32114

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Donald Jackson
REGISTERED AGENT MUST SIGN

Date

1/16/07

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.	DONALD JACKSON	1816 FLAG LANE, ORMOND BEACH FL	32174
V. PRES	DONALD JACKSON	"	"
Sec/Treasurer	DONALD JACKSON	"	"

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 contained in Chapter 119, 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:

Donald Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/07

Daytime Phone #

386 334-1425

1/16/07

Page 252

Due to address change of 2004, paperwork
to renew was not received.

Thank You
Donald Jackson

386 253-0303

cell 386 334-1425