

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 28 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000017541*

1. Corporation Name

Call "A" Cab, Inc.

2. Principal Office Address

450 Distribution Dr.

Suite, Apt. #, etc.

Melbourne, FL

City & State

32904

Zip

Country

3. Mailing Office Address

450 Distribution Dr.

Suite, Apt. #, etc.

Melbourne, FL

City & State

32904

Zip

Country

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

2/10/03

5. FEI Number

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

Joseph G. Colombo, Esq.

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

2351 W. Eau Gallie Blvd.

Suite, Apt. #, Etc.

#1

City

Melbourne

State

FL

Zip Code

32935

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

REGISTERED AGENT MUST SIGN

Date *3/22/05*

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
<i>P</i>	<i>Christopher N. Baker</i>	<i>450 Distribution Dr.</i>	<i>Melbourne, FL 32904</i>
<i>VP</i>	<i>Helen A. Reh-fuss</i>	<i>1015 E. Lincoln Ave.</i>	<i>Melbourne, FL 32901</i>
<i>S/T</i>	<i>James B. Toner</i>	<i>3235 N. Dixie Hwy.</i>	<i>Oakland Park, FL 334</i>
<i>D</i>	<i>Michael L. Hill</i>	<i>101 Orchid St.</i>	<i>Melbourne, FL 32901</i>
<i>D</i>	<i>Dominick Smith</i>	<i>2212 St. Dunston Pl.</i>	<i>Melbourne, FL 32935</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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B Toner

Date

3-22-05

Daytime Phone #

321 432-4555

CR2E081 (01/05)

MOMMERS & COLOMBO
ATTORNEYS AT LAW

2351 W. Eau Gallie Blvd., Suite 1
Melbourne, FL 32935

Telephone: (321) 751-1000
Facsimile: (321) 752-0027



Pierre A.L. Mommers, P.A.*
Joseph G. Colombo, P.A.

Sherill Melito, CLA

*Also admitted in New York

March 24, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Call "A" Cab, Inc.

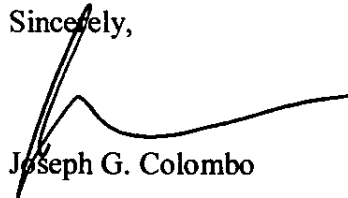
Dear Sir or Madam:

Enclosed please find the following documents regarding the above-referenced business:

1. An original Corporate Reinstatement Form for Call "A" Cab, Inc.; and
2. Check in the amount of \$900.00.

If you have any questions regarding this matter, please do not hesitate to contact our office. Thank you for your attention to the foregoing.

Sincerely,



Joseph G. Colombo

JGC/sm
encls.