2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 18, 2005 8:00 am
Secretary of State

DOCUMENT # P03000100872

1. Entity Name
ORANGE TAXI CORPORATION

Principal Place of Business	Mailing Address
18491 N TAMIAMI TRAIL UNIT B N FT MYERS, FL 33903	18491 N TAMIAMI TRAIL UNIT B N FT MYERS, FL 33903

RECEIVED MAY 04 2005

04202005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
2425 E. Mall Drive	2425 E. Mall Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Myers, Florida	Ft. Myers, Florida
City & State	City & State
Zip 33901 Country USA	Zip 33901 Country USA

4. FEI Number 20-1076812 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLENN, JIM
6900-29TH DANIELS
FT. MYERS, FL 33912

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVS GLENN, JIM 6900-29 DAMIAMI TRAIL N FT MYERS, FL 33903 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVS Glenn, Jim 6900-29 Daniels Ft. Myers, Florida 33901 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLENN, JIM 6900-29 DAMIAMI TRAIL N FT MYERS, FL 33903 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jim Glenn 6900-29 Daniels Ft. Myers, Fla. 33901 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500055533475 05/31/05--01066--017 **300.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jim Glenn X 4/19/05 239-454-8294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Telephone: 239-454-8294 / 239-281-8888