


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000025022		
1. Entity Name ARKWAY TAXI, INC		

Principal Place of Business 4752 25TH PLACE SW NAPLES, FL 34116 US	Mailing Address 4752 25TH PLACE SW NAPLES, FL 34116 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
CAMIL, FAUNET 4752 25TH PLACE SW NAPLES, FL 34116	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	CAMIL, FAUNET	NAME	
STREET ADDRESS	4752 25TH PLACE SW	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	CAMIL, SABINE	NAME	
STREET ADDRESS	4752 25TH PLACE SW	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
2007 OCT 15 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10082007 REIN-P CR2E098 (1/07)

4. FEI Number Applied For
Not Applicable

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

000110750580
10/15/07--01003--014 **750.00

10-8-07
Date Daytime Phone #