

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN 25 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000118434

1. Corporation Name

AAA Super Checker Cab Inc.

REINSTATEMENT 08-10

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

199 Dorothy Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2621 South Street

Suite, Apt. #, etc.

City & State

W. Palm Beach

City & State

W. Palm Beach

Zip

33415

Country

Palm Beach

Zip

33415

Country

Palm Beach

900167110219

01/25/10--01050--013 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/2007

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

Atilus Sauveur

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

199 Dorothy Drive

Suite, Apt. #, Etc.

City

W. Palm Beach

State

FL

Zip Code

33415

☒ 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

REGISTERED AGENT MUST SIGN

Date 1/8/2010

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
PD	Atilus Sauveur	199 Dorothy Dr	w. Palm Beach, FL 33415

DC 1/26

10. E-mail Address: dreamer5891@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2010

Date

5616673532

Daytime Phone #