

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000081613

**FILED**  
**Aug 29, 2011**  
**Secretary of State**

**Entity Name:** SPRINGS CAB INC.,.

**Current Principal Place of Business:**

4141 N.MIAMI AVE.  
#201  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

4141 N.MIAMI AVE.  
#201  
MIAMI, FL 33127

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ONEILL, L. PATRICK  
4141 N.MIAMI AVE  
MIAMI, FL 33127    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: L.PATRICK ONEILL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ONEILL, LEONARD P  
Address: 4141 N. MIAMI AVE. 201  
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: L.PATRICK ONEILL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

08/29/2011

\_\_\_\_\_  
Date