

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2014-2015

DOCUMENT # *P11000001333*

1. Corporation Name

IB Yellow cab, inc

FILED

15 AUG 10 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1294 clubhouse drive

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip

33409

Country

USA

3. Mailing Office Address

1294 clubhouse drive

Suite, Apt. #, etc.

City & State

West Palm Beach FL

Zip

33409

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

01/05/2011

6. FEI Number

27-5004100

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

Llionet Bathelus

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

1294 club house drive

Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33409

900268008559
*01/05/15--01028--003 **750.00*

*08/04/15--01031--013 **238.75*

900268008559

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Llionet Bathelus

REGISTERED AGENT MUST SIGN

Date

7/29/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<i>P</i>	<i>Llionet Bathelus</i>	<i>1294 club house drive W. P. B. FL 33460</i>	<i>W. P. B. FL 33460</i>

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Llionet Bathelus

12-30-14 (661) 577-1456