

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

16 DEC 13 AM 8:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P 12000101346

1. Corporation Name

Four leaf clover Taxi and shuttle

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

821 N. Nova Rd #1 Office Land G

Daytona Beach FL

32117 Volusia

3. Mailing Office Address

821 N. Nova Rd #1 Office Land G

Daytona Beach FL

32117

CR20061 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

01/01/2013

5. FET Number

46-160-3296

Applied For NOT APPLICABLE

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jean L Jean-charles Street Address: 2322 S Palmetto Apt 12 South Daytona FL 32119

000285318610 05/02/16--01044--005 \*\*750.00

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

Date 12-12-16

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Jean L Jean-charles and Jamelet McCleenny.

10. E-mail Address: peterson812@hotmail.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., and that all fees owed by the corporation have been paid.

SIGNATURE: Jean L Jean-charles

12-12-16

386-566-6712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten signature/initials