PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 DEC 29 AM 11:19

DOCUMENT # P17000080493

1. Corporation Name

Orlando United Taxi Drivers Association, Inc

000601328500
01/03/18--01012--001 **305.75

CR2E081 (11/10)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
4530 S. Orange Blossom Tr	4530 S. Orange Blossom Same
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Orlando, FL.	City & State: Orlando, FL.
Zip: 32839 Country: Orange	Zip: 32839 Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 47-306-1015 ☐ 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: Sael Pierrot

Street Address (P O Box Number is Not Acceptable): 4701 Doberman St.

Suite, Apt #, Etc:

City: Orlando State: FL Zip Code: 32818

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: Sael Pierrot (REGISTERED AGENT MUST SIGN) Date: 12-29-17

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
Pres.	Sael Pierrot	4701 Doberman St.	Orlando, Fl. 32818
VP	Francis Desir	4701 Doberman St	Orlando, Fl. 32818
Tr	Napolean Lambert	4833 Temberlear Bl	Orlando, Fl. 32811
Sec.	Marie S Pierrot	4701 Doberman St.	Orlando, Fl. 32818
Dr.	Nercius Cincyr	750 So. Orange Blossom	Orlando, Fl. 32805
Dr.	Aday Derouil	7239 Rex Hill Tr.	Orlando, Fl 32818

10. E-mail Address: outda.2616@gmail.com (To be used for future annual report notification)

11. I certify that I am an officer or director of 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: Sael Pierrot PRESIDENT 12-29-17 860-8997
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)