

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -2 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050244**

1. Corporation Name

Blue Star Taxi Service, Inc

2. Principal Office Address

1538 Ave. E.

Suite, Apt. #, etc.

3. Mailing Office Address

1538 Ave. E.

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip

33404

Country

City & State

Riviera Beach, FL

Zip

33404

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

P94000050244

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

Povert Pierre

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

1538 Ave. E.

Suite, Apt. #, Etc.

600058107536

08/02/05--01002--002 **450.00

City

Riviera Beach

State

FL

Zip Code

33404

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

Povert Pierre

REGISTERED AGENT MUST SIGN

Date

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
P	Povert Pierre	1538 Ave. E.	Riviera Beach FL 33404
V	Profete Dorilus	1538 Ave. E.	Riviera Beach FL 33404

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

Profete Dorilus Povert Pierre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561.541.9903

CR20081 (01/05)

BLUE STAR TAXI SERVICE, INC
1538 Avenue E.
Riviera Beach, FL 33404
561-844-7366
561-844-8951 Fax

Florida Department of State
Division of Corporation
Corporate Records

ATTN: epeterson:

On 04-04-2005 I requested a second copy of the 203. reinstatement
form, because I did not get the first one at the beginning of the year.

I want to thank you for getting this out to me as quickly as you did.

I have signed the enclosed copy along with payment of \$450.00 as stated
by you.

Please send me my certificate of status for Blue Star Taxi Service, inc
for the year 2005/2006.

Thank you

Povert Pierre