

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 27 AM 11:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000086428

1 Corporation Name
KIDZ TAXI, INC.

Principal Place of Business

1405 35TH AVE
VERO BEACH FL 32960

Mailing Address

1405 35TH AVE
VERO BEACH FL 32960



REINSTATEMENT 96ad

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1545 22nd Ave
Suite, Apt. #, etc.
Vero Beach, Florida
City & State

3. New Mailing Office Address, If Applicable

P.O. Box 6831
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/1994

5. FEI Number

65-0543195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

32962

USA

Zip

Country

32961

USA

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	FELTNER, DEBORAH	1405 35TH AVE. 1545 22nd Ave.	VERO BEACH FL 32960 32962

300002046403--5
01/06/97-01017-018
***375.00 ***375.00

8. Name and Address of Current Registered Agent

MCHUGH, JOHN J JR
333 17TH ST.
SUITE U
VERO BEACH FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12-27-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12 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:

Deborah Feltner President 12/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah Feltner

Date

Daytime Phone #