PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP 10 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000026497

1. Corporation Name
Yellow Cab Co of Duval County Inc
10 St

Principal Place of Business

Mailing Address
10 Stockton St
Jacksonville, Fl 32204

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

2. New Principal Office Address, If Applicable
716 Germantown Pike
City & State
Lafayette Hill, Pa
Zip 19444 Country USA

3. New Mailing Office Address, If Applicable
10 Stockton St
Suite, Apt. #, etc.
City & State
Jacksonville, Fl
Zip 32204 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
592341805
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1			
President	Brian Somerman	716 Germantown Pike	Lafayette Hill, Pa 19444
2			
3			
4			

97-99 TS

REINSTATEMENT

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-09/22/98--01098--003
***2100.00 ***1050.00

8. Name and Address of Current Registered Agent
Lanford L. Steinman
10 Stockton St
Jacksonville, Fl 32204

9. Name and Address of New Registered Agent
Name: MARY T GLAESER
Street Address (P.O. Box Number is Not Acceptable): 10 STOCKTON
Suite, Apt. #, Etc.:
City: JACKSONVILLE State: FL Zip Code: 32204

CR2508* (12/98)

I hereby certify that I am the registered agent of the above-named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature: Mary T Glaeser
REGISTERED AGENT MUST SIGN
Date 9-10-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

I, the undersigned 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 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 due 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 is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Mary T Glaeser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-10-99

Daytime Phone # 798-6220