

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 SEP 10 PM 6:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

795 000 03497

Baton City Cab Company, Inc

2. Principal Place of Business

Mailing Address

10 Stockton St.
Jacksonville, FL 32204

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

4. True Principal Office Address, If Applicable

716 Germantown Pike

5. New Mailing Office Address, If Applicable

10 Stockton St

6. Date Incorporated or Qualified
To Do Business in Florida

7. FEI Number

59 2541803

Applied For

Not Applicable

8. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

City / State / Zip

3

4

President Brian Sommerman

716 Germantown Pike

Lafayette Hill Pa 19444

400002994234--5

09/22/99--01098--003

***2100.00 TS ***1050.00

REINSTATEMENT 97-99

10. Name and Address of Current Registered Agent

Sanford L. Steinman
10 Stockton St
Jacksonville FL 32204

11. 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

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

13. Signature of Registered Agent
Mary T. Glaeser
REGISTERED AGENT MUST SIGN

Date 9-10-99

14. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

15. I, the undersigned, being 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 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 to 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

9-10-99

Date

7986200

Telephone Number