


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000042720**

1. Corporation Name

**CHECKER CAB OF LEE COUNTY, INC.**

Principal Place of Business

Mailing Address

**3252 PALM AVE.  
FORT MYERS FL 33901  
US**

**3252 PALM AVE.  
FORT MYERS FL 33901  
US**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/25/1995**

5. FEI Number

**65-0732218**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>PATD</del>	GRIFFIN, JUDITH F	<del>2706 SW 38TH TERR</del>	<del>CAPE CORAL FL 33914</del>
PVTD	GRIFFIN, JUDITH F.	2101 SE 19 <sup>th</sup> LANE	CAPE CORAL, FL 33990
			000004679590--2 -11/14/01--01095--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GRIFFIN, JUDITH F  
~~2706 SW 38TH TERR~~  
CAPE CORAL FL 33914**

Name

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

**2101 SE 19<sup>th</sup> LANE**

Suite, Apt. #, Etc.

City

**CAPE CORAL**

State

**FL**

Zip Code

**33990**

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

*Judith F. Griffin*  
**REGISTERED AGENT MUST SIGN**

Date

**Oct 25, 2001**

11. 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:

*Judith F. Griffin*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

**Oct 25, 2001**

Daytime Phone #

**941-337-4005**

# BLUEBIRD TAXI

3252 Palm Ave., Ft. Myers, FL 33901

(941) 337-4005 • (941) 332-1712

Fax: (941) 337-5809

OCTOBER 25, 2001

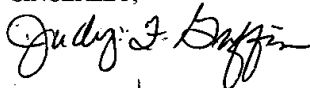
DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314-6327

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO INFORMED THE FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS THAT CHECKER CAB OF LEE COUNTY, INC. DID NOT RECEIVED THERE APPLICATION TO FILE ITS 2001 CORPORATION ANNUAL REPORT. WE DID HOWEVER, RECEIVE THE NOTICE OF ADMINISTRATIVE DISSOLUTION IN THE MAIL; THUS I CALLED THE DIVISION OF CORPORATIONS AND WAS TOLD TO WRITE A LETTER OF EXPLANATION, FILL OUT PAPERWORK AND ENCLOSED A CHECK FOR \$150.00, AND WE WOULD BE REINSTATED.

THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

SINCERELY,



JUDY F. GRIFFIN  
PRESIDENT