

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073168

1. Corporation Name

ALL FLORIDA CAB, SHUTTLE & LIMO, INC.

Principal Place of Business

305 KINGSTON AVENUE
DAYTONA BEACH FL

Mailing Address

305 KINGSTON AVENUE
DAYTONA BEACH FL

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1995

5. FEI Number

59-3338633

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SINNIGER, DALE A	48 BROWN STREET	MIDDLETOWN PA
VP	SINNIGER, DALE A.	48 BROWN STREET	MIDDLETOWN PA
ST	SINNIGER, MICHEAL F	305 KINGSTON AVE	DAYTONA BEACH FL

400008681624
10/29/02--01154--005 **150.00

8. Name and Address of Current Registered Agent

KIDD, SUSAN L
% DAYTONA BUSINESS SERVICES, INC.
2435 S. RIDGEWOOD AVE., SUITE 6
SOUTH DAYTONA FL 32119

9. Name and Address of New Registered Agent

Name: SUSAN L. KIDD / SEABREEZE BOOK
Street Address (P.O. Box Number is Not Acceptable): 441 S. RIDGEWOOD AVE
Suite Apt. #, Etc.:
City: DAYTONA BEACH State: FL Zip Code: 32114

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

SIGNATURE REQUIRED
MICHAEL F. SINNIGER - ST.

Date

Daytime Phone #

10/23/02

Seabreeze Bookkeeping & Tax Service
441 S. Ridgewood Avenue
Daytona Beach, Florida 32114
Telephone: (386) 258-5880

Wednesday, October 23, 2002

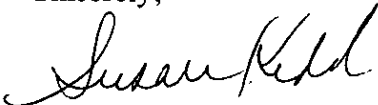
Reinstatement
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: All Florida Cab, Shuttle & Limo, Inc.

To Whom It May Concern:

We did not receive the original Annual Report or any notices for the period of 2002. All other years have been paid in a timely manner and we have enclosed a check for \$ 150 for that period and request re-instatement. Thank you for your assistance.

Sincerely,



Susan Kidd
Registered Agent