PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
99 APR -7 PM 3:06
SEC... TALL... ...RIDA

DOCUMENT # P99000037278

1. Corporation Name

S P TAXI, INC.

Mailing Address	Principal Place of Business
2730 Central Avenue St. Petersburg, FL 33712	3160 46th Avenue N. St. Petersburg, FL 33714

100002840611--3
-04/15/99--01095--021
***1058.75 ***1058.75

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
2730 Central Avenue Suite, Apt. #, etc.	3160 46th Avenue N. Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33712 Country: Pinellas	Zip: 33714 Country: Pinellas

4. Date Incorporated or Qualified To Do Business in Florida: April 30, 1996

5. FEI Number: 59-3372349 (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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPT	TERRY KURMAY	3160 46th Avenue North	St. Petersburg, FL 33714

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Warren J. Knaust
Street Address (P.O. Box Number is Not Acceptable): 2730 Central Avenue
Suite, Apt. #, Etc.
City: St. Petersburg | State: FL | Zip Code: 33712

CR2E040 (6/94)

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: [signature] REGISTERED AGENT MUST SIGN — Date: 3/31/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] Terry Kurmay — 3/31/99 — 727-327-3640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #