

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000042931**

1. Corporation Name

CRUISIN' COMMUNITY TRANSIT CONNECTION, INC.

Principal Place of Business

1601 N PALM AVE STE 311
PEMBROKE PINES FL 33026

Mailing Address

1601 N PALM AVE STE 311
PEMBROKE PINES FL 33026



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

2. New Principal Office Address, If Applicable
4801 S UNIVERSITY DR.

Suite, Apt. #, etc.
SUITE 305 E

City & State
DAVIE FL

Zip Country
33328 USA

3. New Mailing Office Address, If Applicable
4801 S UNIVERSITY DR

Suite, Apt. #, etc.
SUITE 305 E

City & State
DAVIE FL

Zip Country
33328 USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1996

5. FEI Number

65-0669254

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
P	TUCHLER, JACQUELINE	261 NW 207 AVE	PEMBROKE PINES, FL 33029
S	LACHS, LISA	10975 NEPTUNE DRIVE	COOPER CITY, FL 33026
			500002350155- -9
			-11/18/97-01033-004
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

TUCHLER, JACQUELINE
1601 NORTH PALM AVENUE #311
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

Name
TUCHLER, JACQUELINE
Street Address (P.O. Box Number is Not Acceptable)
4801 N UNIVERSITY DRIVE
Suite, Apt. #, Etc.
SUITE 305 E
City
DAVIE
State
FL
Zip Code
33328

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

REGISTERED AGENT MUST SIGN

Date **Nov 12, 1997**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 12, 1997
Date

954 252 9115 X11
Daytime Phone #

CR2E040 (8/97)