PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 OCT -2 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

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

DOCUMENT # P98000075584

**1.** Corporation Name
COUNTY CAB OF PALM BEACH INC.

200004628552--2
-10/09/01--01021--026
***1050.00 ***1050.00

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 1109 25TH ST. | | 5298 STACY ST. | |
| Suite, Apt. #, etc. F | | Suite, Apt. #, etc. | |
| City & State W.P.B. FL. | | City & State W.P.B. FL. | |
| Zip 33407 | Country U.S.A. | Zip 33417 | Country U.S.A. |

**4.** Date Incorporated or Qualified To Do Business in Florida 20TH AUGUST 1998

**5.** FEI Number 65-0969893 | Applied For | Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☑ $8.75. Additional fee required. Attach Certificate of Status

**7.** Name and Address of Current Registered Agent

Name
KENNETH G. ZUNK

Street Address (P.O. Box Number is Not Acceptable)
5298 STACY ST.

Suite, Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| WEST PALM BEACH FL. | FL | 33417 |

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 10-1-01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| PRES. OWNER | KENNETH G. ZUNK | 5298 STACY ST. | W.P.B. FL. 33417 |
| SEC. | KENNETH G. ZUNK | 5298 STACY ST. | W.P.B. FL. 33417 |
| | | | |
| | | | |
| | | | |
| | | | MW |

**10.** 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: _____ KENNETH G. ZUNK 561-

ACCOUNT NO. : 072100000032

REFERENCE : 732082 7194552

AUTHORIZATION :

COST LIMIT : $ PPD

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ORDER DATE : October 2, 2001

ORDER TIME : 9:40 AM

ORDER NO. : 732082-005

CUSTOMER NO: 7194552

CUSTOMER: Mr. Kenneth Zurk
County Cab Of Palm Beach Inc.
5298 Stacy Street

West Palm Beach, FL 33417

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DOMESTIC FILINGS

NAME: COUNTY CAB OF PALM BEACH INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea EXAMINER'S INITIALS _____

RECEIVED
01 OCT -2 AM 10:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA