

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR 16 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P99000011312

1. Corporation Name

ABA TAXI CORPORATION

2. Principal Office Address

18671 Collins Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#702

Suite, Apt. #, etc.

Same

City & State

Sunny Isles Beach, FL

City & State

Same

Zip

33160

Country

USA

Zip

Same

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02-01-99

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Rivka Cohen

800005449828--4

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

18671 Collins Avenue

05/03/02--01052--013

****400.00 ****400.00

Suite, Apt. #, Etc.

#702

City

Sunny Isles Beach

State
FL

Zip Code

33160

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

[Signature]

Date

4.10.02

REGISTERED AGENT MUST SIGN

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
PD	David Cohen	18671 Collins Ave. #702	Sunny Isles Beach, FL 33160
VD	Rivka Cohen	18671 Collins Ave. #702	Sunny Isles Beach, FL 33160

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****500.00 ****500.00

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 11 9.07(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]

David Cohen

Date

4.10.02

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02