

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 31 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99 0000 18 226**

1. Corporation Name

AVENTURA TAXI CORPORATION

2. Principal Office Address

13551 S.W. 21 Street

Suite, Apt. #, etc.

3. Mailing Office Address

13551 S.W. 21 Street

Suite, Apt. #, etc.

City & State

MIRAMAR FLA

Zip Country

33027 BROWARD

City & State

MIRAMAR FLA

Zip Country

33027 BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

FEV 23 1999

5. FEI Number

65 1013635

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AUGUSTE J. SAINT-VIL

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

13551 S.W. 21 Street

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

AUGUSTE J. SAINT-VIL

REGISTERED AGENT MUST SIGN

Date **5-1-02**

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	AUGUSTE J. SAINT-VIL	13551 S.W. 21 Street	MIRAMAR FLA 33027
1. PRES	SOLANGE SAINT-VIL	13551 S.W. 21 St.	MIRAMAR FLA 33027
Secretary	FARAH SAINT-VIL	13551 S.W. 21 Street	MIRAMAR FLA 33027

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****300.00 ****300.00

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 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:

AUGUSTE J. SAINT-VIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-02

Daytime Phone #

305-219-2038

CR2E081 (9/01)