

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

02 MAR -6 PM 1:01

DOCUMENT # P99000032731

1. Corporation Name

URQUHART YELLOW CAB COMPANY, INC.

2. Principal Office Address

303 HOLLYWOOD BLVD. NE  
Suite, Apt. #, etc.

3. Mailing Office Address

303 HOLLYWOOD BLVD. NE  
Suite, Apt. #, etc.

City & State

FT. WALTON BEACH, FL

Zip  
32548

Country  
U.S.

City & State

FT. WALTON BEACH, FL

Zip  
32548

Country  
U.S.

REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

4-9-1999

5. FEI Number

59-3572316

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

HABEL BUSINESS SERVICES, INC.

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

16 SHALIMAR DRIVE

Suite, Apt. #, Etc.

100005134441-3

-03/19/02-01049-024

\*\*\*\*900.00 \*\*\*\*900.00

City

SHALIMAR

State

FL

Zip Code

32579

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

C Evelyn A. Habel, President  
REGISTERED AGENT MUST SIGN

Date 2/27/2002

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
PSTD	URQUHART, JOE B.	303 HOLLYWOOD BLVD., NE FT. WALTON BEACH, FL 32548	FL 32548 FT. WALTON BEACH
	DELETE JBX	DELETE	
	URQUHART, JOHN PAUL	303 HOLLYWOOD BLVD. NE FT. WALTON BEACH, FL 32548	FL 32548 FT. WALTON BEACH

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.

JOE B. URQUHART, PRESIDENT

SIGNATURE:

Joe B. Urquhart, PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-02 856-243-1609

Date

Daytime Phone #