

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -1 PM 4:13

DOCUMENT # P99006087282

1. Corporation Name

YELLOW CAB OF BAY COUNTY

2. Principal Office Address

703 W 13TH ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

Zip

32401

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-30-1999

5. FEI Number

59-3600254

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

RICHARD BISHOP

300032510603

04/13/04--01018--018 **308.75

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

9333 N. SILVER LAKE RD.

Suite, Apt. #, Etc.

City

FOUNTAIN

State

FL

Zip Code

32438

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

Bishop

REGISTERED AGENT MUST SIGN

Date 4-1-04

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	RICHARD BISHOP	9333 N SILVER LAKE RD	FOUNTAIN, FL 32438
SEC	HELEN BISHOP	9333 N SILVER LAKE RD	FOUNTAIN, FL 32438

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:

Bishop

RICHARD BISHOP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04

Date

850-747-8294

Daytime Phone #

CR2E081 (9/01)

4-1-04

BUSINESS WAS TEMPORARILY CLOSED DUE
TO HEALTH PROBLEM (STROKE) AND REINSTATEMENT
WAS SUBSEQUENTLY DELAYED. BUSINESS HAS NOW
REOPENED. DURING CLOSURE NO MAIL WAS RECEIVED, SO WE
DID NOT GET RENEWAL APPLICATION.

A handwritten signature in cursive script, appearing to read "Bishop".

RICHARD BISHOP
PRES.