PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DOCUMENT # V05 12 1. Corporation Name AAA TAXI OF BAY COUNTY, INC. 2. Principal Office Address 2002 Argyll Court Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Lynn Haven, Florida SECRETARY OF STATE IALL AHASSEE, FLORIDA SECRETARY OF STATE IALL AHASSEE, FLORIDA AD LE Incorporated or Qualified To Do Business in Florida Applied For 59-3100011 Not Applied For 59-3100011	CORPORATION REINSTATEMENT		DEPARTMENT OF STAT Katherine Harris Secretary of State ISION OF CORPORATIONS	E	FILED 00 NOV 16 PM 1: 59	
2. Principal Office Address 2002 Argy11 Court Sale, Apt. 8, etc. Sule, Apt. 8, etc. Sule, Apt. 8, etc. Sule, Apt. 8, etc. Sule, Apt. 8, etc. City & State Lynn Haven, Florida City & State Lynn Haven, Florida Country Zip Country Zip Country To Name and Address of Current Registered Agent Name Bruce W. Williams Sirset Address (P.O. Box Number is Not Acceptable) 2002 Argy11 Court State, Apt. 8, Etc. City Lynn Haven Fig. State REGISTERED AGENT MUST SIGN Signature of Agent REGISTERED AGENT MUST SIGN Date REGISTERED AGENT MUST SIGN Situate Address of Current Registered Agent Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Tilles Officer and/or Director Conflicts and/or Director (Florida nonprofit corporations must list at least 3 directors) Tilles Orac W. Williams 2002 Argy11 Court Lynn Haven, FL 32444 D Greg Williams 2002 Argy11 Court Lynn Haven, FL 32444 Panama City, FL 32401 10. Ite-114 total tan an efficer or director or the receiver or husten amproved to revealed this application as provided for in chapter 607 or 617, FS, I further carffly that when the college of the composite forms addition than exception to have resident the requirements of seation for of 17, FS, I further carffly that when the college of the composite face and control and or composite face and control and and cont		105121] ;		
Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. City & State Lynn Haven, Florida Country Zip Country Zip Country Zip Country Zip Country To Country Zip Country To Country Since W. Williams Streat Address (P.O. Box Number is Not Acceptable) 2002 Argyll Court Suite, Apt. 8, Etc. *******T50.00 *******T50.00 *******T50.00 *******T50.00 Sinte Zip Country Sinte Apt. 8, Etc. ***********************************	AAA TAXI OF BA	AY COUNTY, INC.				
Suite, Apt. \$, etc. Suite, Apt. \$, etc.	•	, 1	3. Mailing Office Address		DETACTATEMENT _>	
City & State Lynn Haven, Florida September Sp-3100011 State Most Applicable Sp-3100011 Sp-310001	Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		4. Date Incorporated or Qualified	
State Zip Code Zip Zip Code Zip Zip Code Zip Zip Code Zip	· -	'	City & State		5. FEI Number Applied For	
Name Bruce W. Williams Street Address (PO. Box Number is Not Acceptable) 2002 Argy11 Court Suite, Apt. #, Etc. ******750.00 ******750.00 State City Lynn Haven State Signature of Registered Agent Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Bruce W. Williams 2002 Argy11 Court Lynn Haven, FL 32444 D Greg Williams 609 E. 4th Street Panama City, FL 32401 10. Lecrify 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, FS. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807,0401 or 617,0401, FS. that all fees eved by the corporation have been paid and the amense of individuals listed on this form do not qualify for an exemption under section 1907,0401, FS.	Zip 32444 Country	, Zip	Country	6.	\$8.75 Additional Fee required	
Bruce W. Williams Street Addresses (P.C. Box Number is Not Acceptable) 2002 Argyll Court Suite, Apt.#, Etc. Lynn Haven State Stat		7. N	ame and Address of Current Regist	ered Agent		
State Zip Code 32444 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 Special Description Pale 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 Directors D Bruce W. Williams 2002 Argyll Court Lynn Haven, FL 32444 D Greg Williams 609 E. 4th Street Panama City, FL 32401 10. Learlify 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 dequalify for an exemption under section 1907.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form dequalify for an exemption under section 1907.03(0), F.S.	Street Address (P.C 2002 Ar	D. Box Number is Not Acceptable)		8		
8. 1, 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 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 Officer and/or Director City / State / Zip D Bruce W. Williams 2002 Argyll Court Lynn Haven, FL 32444 D Greg Williams 609 E. 4th Street Panama City, FL 32401	City				State Zip Code	
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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.	filing this reinstatement app	olication, the reason for dissolution	has been eliminated, the corporate n	ame satisfies the re	equirements of section 607.0401 or 617.0401, F.S.,	
SIGNATURE: Phys W. William 11-6-00 (850)873-4900	The information indicated of	progration have been paid and the properties of	names of individuals listed on this form rate, and my signature shall have the	same legal effect as	if made under oath.	