

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V05121

1. Corporation Name

AAA TAXI OF BAY COUNTY, INC.

2. Principal Office Address

2002 Argyll Court

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lynn Haven, Florida

City & State

Zip 32444

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3100011

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Bruce W. Williams

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

2002 Argyll Court

Suite, Apt. #, Etc.

City

Lynn Haven

State
FL

Zip Code
32444

800003493128--3
-12/11/00--01031--021
****750.00 ****750.00

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

Bruce W. Williams

Date

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
D	Bruce W. Williams	2002 Argyll Court	Lynn Haven, FL 32444
D	Greg Williams	609 E. 4th Street	Panama City, FL 32401

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:

Bruce W. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-00

Date

(850)873-4900

Daytime Phone #