

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 APR 26 AM 0:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09011

1. Corporation Name

YELLOW CAB COMPANY

2. Principal Office Address - No P.O. Box #

3260 N.W. 31 Streets

3. Mailing Office Address

3260 N.W. 31 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33142

Country

US

Zip

33142

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1992

5. FEI Number

Applied For

x

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Michael Kaufman

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

11900 Biscayne Boulevard

Suite, Apt. #, Etc.

511

City

North Miami

State

FL

Zip Code

33181

900285062529
04/26/16--01035--028 **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

REGISTERED AGENT MUST SIGN

Date 04/07/2016

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	Lafortune Joseph	3260 N.W. 31 Street	Miami, FL 33142

10. E-mail Address: msklaw@att.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Lafortune Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2016

Date

Daytime Phone #