

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V33328

1. Corporation Name

MAH TAXI SERVICE INC.

Principal Place of Business

Mailing Address

6803 Loch Ness Drive
Miami Lakes, FL 33014

REINSTATEMENT

95-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

6803 Loch Ness Drive

Suite, Apt. #, etc.

6803 Loch Ness Drive

5. FEI Number

65-0409789

Applied For

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

Not Applicable

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Horta, Manuel A.	6803 Loch Ness Drive	Miami Lakes, FL 33014
S/T/D	Horta, Iliana	6803 Loch Ness Drive	Miami Lakes, FL 33014
VD	Horta, Manuel A., Jr.	6803 Loch Ness Drive	Miami Lakes, FL 33014
			900002434549--9 -02/18/98--D1084--003 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

Louis R. Beller
420 Lincoln Road, Suite 238
Miami Beach, FL 33139

9. Name and Address of New Registered Agent

Name
Manuel A. Horta
Street Address (P.O. Box Number is Not Acceptable)
6803 Loch Ness Drive
Suite, Apt. #, Etc.
City
Miami Lakes State FL Zip Code 33014

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date Feb. 10, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See instructions for filing requirements)

12. 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)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL A. HORTA

Feb. 10, 1998 (305)793-0131

Date

Daytime Phone #