

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 AUG 26 PM 12:23

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023521

1. Corporation Name

OTTO LIMOUSINE SERVICE, INC.

**REINSTATEMENT**

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

15680 Hancock Road

3. Mailing Office Address

15680 Hancock Road

Suite, Apt #, etc

Suite, Apt. #. etc.

96-11

CR2E081 (11/10)

City & State

Sarasota, FL

City & State

Sarasota, FL

4. Date Incorporated or Qualified  
To Do Business in Florida

03-28-94

5. FEI Number

65-0480218

Applied For

Not Applicable

Zip

34240

Country

USA

Zip

34240

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Peter J. Jaensch

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

2198 Main Street

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

100211471101  
08/26/11--01018--019 \*\*3008.75

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

8-17-11

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
DP	Christine Otto	15680 Hancock Road	Sarasota, FL 34240
DVP	Jurgen Otto	15680 Hancock Road	Sarasota, FL 34240

*[Handwritten Signature]*  
8/26

10. E-mail Address:

(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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/23/2011

Daytime Phone #