

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # PM10000022111

1. Corporation Name

Fleetwood LIMOUSINE, INC
 Principal Place of Business: 12205 Apopka-Vineland Road
Orlando, FL 32836
 Mailing Address: _____

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

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>Pres</u>	<u>Joseph ABUZAYAD</u>	<u>11850 Ready Creek Apt 302</u>	<u>Orlando Fla. 32836</u>
<u>Secy</u>	<u>NIDA ABURISH</u>	<u>5704 Bayridge Orlando 32819</u>	<u>Orlando FL 32819</u>

REINSTATEMENT 08-99

4. Date Incorporated or Qualified To Do Business in Florida
July 1997

5. FEI Number
593461648

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CERTIFICATE OF STATUS DESIRED

Applied For

Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Len Aronoff
1947 Lee Road
Winter Park, FL 32789

Name

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

Suite, Apt. #, Etc

City

State
FL

Zip
0800-1799

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Len Aronoff

REGISTERED AGENT MUST SIGN

Date

5/4/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

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)(b) 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

Len Aronoff

5/3/99 (407) 234-8111

Daytime Phone #

CRP/E001 (12/98)