

APPLICATION FOR REINSTATEMENT



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

FILED

96 NOV 19 PM 2: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004109

1. Corporation Name

Carey Limousine Florida, Inc.

Principal Place of Business

Mailing Address

1500 Belvedere Road 1500 Belvedere Road
West Palm Beach, FL 33406 West Palm Beach, FL 33406

REINSTATEMENT *96*

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/09/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0429443

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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
CP	Wolfington, Vincent A.	4530 Wisconsin Ave., N.W.	Washington, DC 20016
V	Thomas, Guy	4530 Wisconsin Ave., N.W.	Washington, DC 20016
SD	Dailey, Don R.	4530 Wisconsin Ave., N.W.	Washington, DC 20016
T	Haedicke, David	4530 Wisconsin Ave., N.W.	Washington, DC 20016

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert D. Hamman
1500 Belvedere Road
West Palm Beach, FL 33406

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State FL Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0506, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date Nov. 13, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. 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 Title of Officer or Director

GUY C. THOMAS

11-13-96 202-895-1244

Date Daytime Phone #