


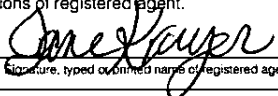
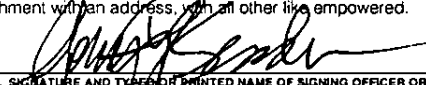


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F93000004109</b> 1. Entity Name <b>CAREY LIMOUSINE FLORIDA, INC.</b>						FILED 06 FEB -7 PM 1:35 SECRET TALLAHASSEE, FLORIDA			
Principal Place of Business 1601 BELVEDERE ROAD 150S WEST PALM BEACH, FL 33406			Mailing Address 4530 WISCONSIN AVE. NW WASHINGTON, DC 22016						
2. Principal Place of Business		3. Mailing Address		 <b>REINSTATEMENT 05-06</b> 10192005 REIN P CR2E098 (6/04)		4. FEI Number <b>65-0429443</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City					
				<b>FL</b>		Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE: 				DATE: <u>1/2/06</u>					
(NOTE: Registered Agent signature required when reinstating)									
<b>FILE NOW!!! FEE IS \$750.00</b>									
<b>After January 1, 2006, Fee will be \$900.00</b>									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KESSLER, GARY L 4530 WISCONSIN AVE NW WASHINGTON, DC 20016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LAHR, MITCHELL J 4530 WISCONSIN AVE NW WASHINGTON, DC 20016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, DEVIN J 4530 WISCONSIN AVE NW WASHINGTON, DC 20016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLEY, SARAH 717 FIFTH AVENUE, 23 FLR NEW YORK, NY 10022	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: 				DATE: <u>10.18.05</u>		DAYTIME PHONE: <u>202.895.1200</u>			
(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)									