

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  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

97 NOV -3 AM 8:17

DOCUMENT # **H53025**

1. Corporation Name

**ALLSTAR LIMOUSINES, INC.**

Principal Place of Business

Mailing Address

1389 PASADENA AVE  
 80 PASADENA FL 33707  
 US

1389 PASADENA AVE  
 80 PASADENA FL 33707  
 US

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

**REINSTATEMENT 1997**



**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business In Florida

04/19/1985

5. FEI Number

59-2790866

Applied For

Not Applicable

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)

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
PD	DUROCHER, WILLIAM J., III	1389 PASADENA AVE.	SOUTH PASADENA FL
VST	DUROCHER, PAMELA D.	1389 PASADENA AVE.	SOUTH PASADENA FL
D	DUROCHER, PAMELA D.	1389 PASADENA AVE.	SOUTH PASADENA FL
			000002340030--2 -11/06/97--01052--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILKINSON, G. BARRY, ESQ.  
 696 FIRST AVENUE NORTH, SUITE 201  
 ST. PETERSBURG FL 33701

Name

D & B Corporate Services Inc.

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

5999 Central Avenue

Suite, Apt. #, Etc.

Suite 202

City

St. Petersburg

State

FL

Zip Code

33710

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

Brian P. Deeb, P. Date 10/28/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(i), 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

10.28.97

Date

800.345.6614

Daytime Phone #

CR2E040 (8/97)