


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 MAY -2 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H87911 1. Corporation Name ROYAL LIMOUSINE SERVICE, INC.			
2. Principal Office Address 4812 North Church Avenue		3. Mailing Office Address P.O. Box 22714	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33614	Country USA	Zip 33622	Country USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida 12/02/1985	
5. FEI Number 59-2615093	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Kenneth C. Lange	
Street Address (P.O. Box Number is Not Acceptable) 29013 Old Marsh End	
Suite, Apt. #, Etc.	
City Wesley Chapel	State Zip Code FL 33543

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: *Kenneth C. Lange* Date: 4-19-05
 REGISTERED AGENT MUST SIGN

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
P	Kenneth C. Lange	4812 North Church Ave.	Tampa, Florida 33614

B5/10

10. 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: *Kenneth C. Lange* Kenneth C. Lange, Pres. Date: 4-19-05 Daytime Phone #: (813) 288-9225
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2861 (03/05)