

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *am*
REINSTATEMENT



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

DOCUMENT # **K39080**

1. Corporation Name

BOCA GRANDE TAXI & LIMOUSINE, INC.

Principal Place of Business

446 - 4TH ST.
BOCA GRANDE FL 33921
US

Mailing Address

P.O. BOX 413
BOCA GRANDE FL 33921

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT *99*

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1988

SP

5. FEI Number

65-0089922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$575.00 - Fee for Certificate of Status
for a corporation or other entity

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 | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| P | CHRISTENSEN, KAREN | 261 WHEELER RD | BOCA GRANDE FL |
| V | CHRISTENSEN, WILLIAM | 261 WHEELER RD | BOCA GRANDE FL |
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600003063086--1
-12/07/99--01049--022
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CHRISTENSEN, KAREN S.
320 TARPON STREET
BOCA GRANDE FL 33921

9. Name and Address of New Registered Agent

Name *CHRISTENSEN, KAREN S.*
Street Address (P.O. Box Number is Not Acceptable)
261 WHEELER RD
Suite, Apt. #, Etc.

City *BOCA GRANDE* State *FL* Zip Code *33921*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Karen S. Christensen **REQUIRED**
REGISTERED AGENT MUST SIGN

Date *11/10/99*

11. 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:

Karen S. Christensen **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/99

Daytime Phone #