

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

APPROVED  
AND  
FILED

98 DEC -4 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K75364**

1. Corporation Name

**RICKENBACKER LIMO SERVICE #1, INC.**

Principal Place of Business

181 CRANDON BLVD. APT 309  
KEY BISCAINE FL 33149

Mailing Address

181 CRANDON BLVD. APT 309  
KEY BISCAINE FL 33149



**REINSTATEMENT**

98

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

2. New Principal Office Address, If Applicable

**198 NW 79th St**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**198 NW 79th St**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

**03/21/1989**

5. FEI Number

**65-0189328**

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
P	<b>SIMPSON, DORETA E.</b>	<b>181 CRANDON BLVD #309</b>	<b>KEY BISCAINE FL</b>
P	<b>JED WAB, CORLIE</b>	<b>2462 INAGUA RTE</b>	<b>MIAMI, FL 33133</b>
VP	<b>HAAS, BRUCE</b>	<b>2111 NW 60th Circle</b>	<b>BOCA RATON, FL 33496</b>
			<b>500002706605--4</b> <b>-12/09/98--01005--025</b> <b>****575.00 ****575.00</b>
			<b>500002706605--4</b> <b>-12/09/98--01005--025</b> <b>****575.00 ****175.00</b>

8. Name and Address of Current Registered Agent

**ENGLANDER, MALVIN ESQUIRE**  
**ONE LINCOLN ROAD BLDG**  
**SUITE 208**  
**MIAMI BEACH FL 33139**

9. Name and Address of New Registered Agent

Name **BRUCE HAAS**  
 Street Address (P.O. Box Number is Not Acceptable) **2111 NW 60th Circle**  
 Suite, Apt. #, Etc.  
 City **BOCA RATON** State **FL** Zip Code **33496**

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

**SIGNATURE REQUIRED**  
**BRUCE HAAS**  
 REGISTERED AGENT MUST SIGN

Date **12/3/98**

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 REQUIRED**  
**BRUCE HAAS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/3/98** (305) 759-8700  
 Date Daytime Phone #

CR2E040 (9/98)