

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

FILED

01 DEC -7 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L-15534**

1. Limited Liability Company's Name  
**STAR ISLAND LIMO AND TRANSPORTATION LLC**

2. Principal Office Address  
**2800 N. POINCIANA BLVD PO BOX 470127**

Suite, Apt. #, etc.

3. Mailing Office Address

**PO BOX 470127**

Suite, Apt. #, etc.

City & State  
**KISSIMMEE FL**

City & State  
**CELEBRATION, FL**

Zip Country  
**34746 U.S.A.**

Zip Country  
**34747-0127 U.S.A.**

4. State/Country of Formation  
**FL**

5. Date Organized or Qualified  
To Do Business in Florida **12/11/2000**

6. FEI Number Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **SONNY BUONCERVELLO** **900004724799-5**

Street Address (P.O. Box Number is Not Acceptable) **2800 N. POINCIANA BLVD** **-12/13/01--01061--008**

Suite, Apt. #, Etc.

City State Zip Code  
**KISSIMMEE FL 34746**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **Sonny Buoncervello** **10/15/01** Date **407-997-5100**  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SONNY BUONCERVELLO	PO BOX 470127	CELEBRATION, FL 34747-0127

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **Sonny Buoncervello** Date **12/4/01** Daytime Phone # **407-997-5100**

Typed or printed name of signing Managing Member/Manager

CR2E01 (9/01)