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ARE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

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11/12/02--01019--002 **150.00

2002 LLC VBR
CORPORATION
REINSTATEMENT

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

DOCUMENT # L 010000 15492
1. Corporation Name
American Limousine, LLC

2. Principal Office Address 3474 North Univ. Drive Suite, Apt. #, etc. 233 City & State Sunrise, FL Zip 33351 Country U.S.A.	3. Mailing Office Address 3474 North Univ. Drive Suite, Apt. #, etc. 233 City & State Sunrise, FL Zip 33351 Country U.S.A.
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4. Date Incorporated or Qualified To Do Business in Florida 09/11/01

5. FEI Number 65-1138286
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Andres Calero

Street Address (P.O. Box Number is Not Acceptable) 3474 North Univ. Drive

Suite, Apt. #, Etc. 233

City Sunrise, State FL Zip Code 33351

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 (Signature) REGISTERED AGENT MUST SIGN Date 11/07/02

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
m	Andres Calero	3474 North Univ. Drive #233	Sunrise, FL 33351

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 (Signature) ANDRES CALERO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/07/02 Daytime Phone # (954) 717-9937

CR2E081 (9/01)

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AMERICAN LIMOUSINE, LLC
3474 NORTH UNIV.DRIVE, SUITE #233
SUNRISE, FL 33351

October 24, 2002

TO: ANNUAL REPORT FILING
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

FROM: AMERICAN LIMOUSINE, LLC
CHARTER # L01000015492

REF: CORPORATION REINSTATEMENT APPLICATION/ANNUAL REPORT/UBR
AND REQUEST FOR ABATEMENT OF EXTRA, POST MAY 1 FILING FEE

Enclosed, please find original executed reinstatement application/ Annual report, Uniform business Report and our check in the amount of \$150.00 in payment of filing fee in connection with the above captioned corporation.

We hereby request the abatement of the extra filing fee for failure to file the 2001 corporate annual report/uniform business report on/or before the due date. This form was never received and/or timely filed due to the fact that we never received the UBR at our mailing address at the time.

Kindly take note that our new mailing address effective October 21, 2002 is: 3474 North Univ. Drive #233, Sunrise, FL 33351. Please correct your records accordingly as of October 21, 2002 forward.

Please process the attached document and kindly waive the additional filing fee since we would have mailed this report by May 1 if we would have received the annual report advising us.

We assure this report will not be filed late again.

Respectfully submitted,

AMERICAN LIMOUSINE, LLC


ANDRES CALERO
MANAGER/REGISTERED AGENT