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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 01 0000 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.

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

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

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)

2002

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.

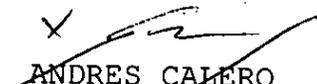
Kindly take note that our new mailing address effective October
21, 2002 is: 3474 North Univ. Drive #233, Sunrise, FL 33351.
Please correct your records accordingly as of October 21, 2002
forward.

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