PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 DEC 22 PM 5:43
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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12/23/10--01001--001 **123.

CR2E041 (05/10)

DOCUMENT # L02000027382

1. Limited Liability Company's Name
NYC Limousine Transportation 2010 LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 19403 SW 68 St | 19403 SW 68 St |
| Suite, Apt. #, etc | Suite, Apt. #, etc. |
| City & State: Fort Lauderdale | City & State: FL |
| Zip: 33332 Country: Broward | Zip: 33332 Country: Broward |

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 331026190 ☐ 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: NILO Villamar

Street Address (P.O. Box Number is Not Acceptable): 19403 SW 68 St

Suite, Apt. #, Etc

City: Fort Lauderdale State: FL Zip Code: 33332

MK

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: Nilo — Date: 12-22-10
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 | NILO Villamar | 19403 SW 68 St | Fort Lauderdale FL 33332 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2010

11. E-mail Address _____
(To be used for future annual report notifications)

12. 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: Nilo — Date: 12 22 10 Daytime Phone # 305 331 5226

Typed or printed name of signing Managing Member/Manager _____