

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND FILED

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02 JAN 16 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DEPARTMENT OF CORPORATIONS

2001-2002 UBR

DOCUMENT # M00000002014

1. Limited Liability Company's Name

PRESIDENTIAL COACHLINES Limited Company

2. Principal Office Address

100 New Gower St. 1230

Suite, Apt. #, etc.

SUITE 1230

City & State

St. Johns, Nfld

Zip

Country

A1B6K3

CANADA

3. Mailing Office Address

100 New Gower St.

Suite, Apt. #, etc.

SUITE 1230

City & State

St. John's, Nfld

Zip

Country

A1B6K3

CANADA

4. State/Country of Formation

Nfld, CANADA

5. Date Organized or Qualified
To Do Business in Florida

Dec. 15, 2000

6. Fm Number

APPLIED FOR

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

PENINSULA REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)

200 SOUTH BISCAYNE BOULEVARD

Suite, Apt. #, Etc.

SUITE 4000

City

MIAMI

100004778521-6

-01/16/02--01069-001

****100.00 ****100.00

State
FL

Zip Code

33131-2398

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

Elizabeth Gleaton Elizabeth Gleaton
REGISTERED AGENT MUST SIGN

Date 12/7/01

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
DIR.	JAVIS ROBERTS	36 GANDER CRES.	St. Johns, Nfld, A1E5R9

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

J.S. Roberts

Date Nov. 09/01 Daytime Phone # (902) 450-1987

Typed or printed name of signing Managing Member/Manager

JAVIS S. ROBERTS

CR2E041 (9/01)

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Presidential Coachlines Ltd.

100 New Gower St., Suite 1230
St. John's, Newfoundland, Canada. A1B 6K3
1-866-622-8222 ph. 1-866-622-4222 fax

November 09, 2001

Division of Corporations
407 East Gaines Street
Tallahassee, Florida
32399

Dear Sir / Madam,

I have attached a copy of a letter received October 10, 2001 referring to a letter dated June 15, 2001 revoking our company status.

We did not receive the letter of June 15, 2001. After speaking with a representative from your office and explaining the same, he stated that we should send the renewal fee of \$50.00 to have our company status renewed.

Please find attached the reinstatement form and \$50.00. Would you please make it a renewal since we did not receive the original letter of June 15, 2001, and have any reference of revocation or reinstatement removed from our file. It would be appreciated.

Would you be kind enough to forward all certificates and information to the following address:
100 New Gower St., Suite 1230, St. John's, Newfoundland, CANADA.

Thank you.

Sincerely,

Javis S. Roberts
General Manager