

	PLEASE READ /	ALL INSTRUCTION	IS BEFORE C	COMPLETING THIS FORM	1. P
	CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		State	FILED 05 NOV 18 P!! 12: 28	
1. Corporat	IMENT # P0000000 ion Name STY LIMOUSINES, INC	1.	t de la comp		
<b>.</b>	Office Address SOTH WAY N.	3. Mailing Office Address SAME		REMSTATEM CR2E081 (8/	EMT 04-00 wor
Suite, Apt. #	, etc.	Suite, Apt. #, etc.  City & State		4. Date Incorporated or Qualified To Do Business in Florida 01/25/2000	
	PETERSBURG	City & State		5. FEI Number 593620724	Applied For Not Applicable
<sup>Zip</sup> 33710	Country UNITED STATES	Zip Co	ountry	6. CERTIFICATE OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status
		7. Name and Addre	ess of Current Register	red Agent	
	ĴÖAN A. REALMUTO			0000615129	ാചന
	2230 60TH WAY N.			11/17/0501030025 **308.75	
	Suite, Apt. #, Etc.		· · · · · · · · · · · · · · · · · · ·	,	
	S'AINT PETERSBURG,			State Zin Code 0	

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 d Registered		November 15th, 2005					
9. Name	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				
P,VP,S,T,D	JOAN A. REALMUTO	2230 60TH WAY N.	SAINT PETERSBURG,FLORIDA 33710				
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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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 15th, 2005

Date

727) 343-5466

Daytime Phone #

POST

2230 60<sup>th</sup> Way N. St.Petersburg, Florida 33710 727-343-LIMO (5466) 727-319-6579 FAX www.4dynastylimos.com



November 15, 2005

Division of Corporations Secretary of State Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Attention: Reinstatement Section Document number P00000007794

To Whom It May Concern:

The mailing address that you had on file was incorrect; therefore we did not receive our 2004 and 2005 Annual report. We would like to request the penalty fee waiver.

Enclosed is a cashier's check for \$308.75 for 2004 and 2005 filling fees and additional fee for Certificate of Status.

Thank you,

Joan A. Realmuto P, VP, S, T, D.

Dynasty Limousines, Inc.