

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 11 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000013852

1. Corporation Name

SOUTH BEACH LIMOUSINE, INC.

2. Principal Office Address - No P.O. Box #

1602 ALTON RD

Suite, Apt. #, etc.

#572

City & State

MIAMI BEACH, FL

Zip

33134

Country

US

3. Mailing Office Address

1602 ALTON RD

Suite, Apt. #, etc.

#572

City & State

MIAMI BEACH, FL

Zip

33134

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

2/9/2000

5. FEI Number

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

RICHARD VERA

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

1602 ALTON RD

Suite, Apt. #, Etc.

#572

City

MIAMI BEACH

State  
FL

Zip Code  
33134

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3/10/08

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	RICHARD VERA	1602 ALTON RD #572	MIAMI BEACH, FL 33134

500119993445  
03/11/08--01027--021 \*\*1800.00

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 contained in Chapter 119, 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

3/10/08

Date

Daytime Phone #

REINSTATEMENT 01-08  
CR2E081 (12/07)

3/13  
aw