

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 28 PM 4:00

DOCUMENT # P00000021564

1. Corporation Name

ALL WESTON LIMOUSINE SERVICES INC

400004917154--5  
-02/13/02--01104--003  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

318 INDIAN TRACE

Suite, Apt. #, etc.

413

City & State

WESTON FL

Zip

33326

Country

U.S.A

3. Mailing Office Address

318 INDIAN TRACE

Suite, Apt. #, etc.

413

City & State

WESTON FL

Zip

33326

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

3-00

5. FEI Number

650998942

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

LEONARD DELIA

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

16772 ROYAL POINCIANA DR

Suite, Apt. #, Etc.

City

WESTON FL

State

FL

Zip Code

33326

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1/25/02

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
President	LEONARD DELIA	16772 ROYAL POINCIANA DR	WESTON FL 33326

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/02 954 387 4358

Daytime Phone #

CR2E081 (9/01)