

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 OCT 12 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 32871

**1. Corporation Name**

De Angelo's Limousine, Inc.

**2. Principal Office Address**

15841 Pines Blvd

Suite, Apt. #, etc.

City & State

Pembroke Pines

Zip

33025

Country

USA

**3. Mailing Office Address**

15841 Pines Blvd

Suite, Apt. #, etc.

City & State

Pembroke Pines

Zip

33025

Country

USA

**REINSTATEMENT** 01-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0993142

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

Donovan Gayle

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

15841 Pines Blvd

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33025

**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

D. Gayle

REGISTERED AGENT MUST SIGN

Date 09/28/2004

**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.T.S	Donovan Gayle	15841 Pines Blvd	Pembroke Pines FL 33025

**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:

D. Gayle

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09.28.04

Date

Daytime Phone #

305-467-8826

CR2E081(01/04)