PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION ~~REINSTATEMENT~~

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

FILED
01 DEC 10 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000050439

1. Corporation Name
Luxury Towncar Transportation, INC.

2. Principal Office Address	**3.** Mailing Office Address
1300 Park of Commerce Blvd	103 N. Chippewa Cir.
Suite, Apt. #, etc. #263	Suite, Apt. #, etc. —
City & State Delray Bch. Fla.	City & State Boynton Bch. FL.
Zip 33445 Country U.S.A.	Zip 33436 Country USA.

2001 UBR

4. Date Incorporated or Qualified To Do Business in Florida 24 May 2000

5. FEI Number 65-1009525 ☐ 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: Herbert J. Otten

200004745112--3
-12/31/01--01058--009
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 103 N. Chippewa Cir.

Suite, Apt. #, Etc. —

City: Boynton Bch. FL. State: FL Zip Code: 33436

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: Herbert J. Otten — REGISTERED AGENT MUST SIGN Date 12/4/01

CR2E081 (9/00)

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
Pres.	Herbert J. Otten	103 N. Chippewa Cir. Boynton Bch. FL. 33436	Boynton Bch. FL. 33436
Sec.	Herbert J. Otten	103 N. Chippewa Cir. Boynton Bch. Fla 33436	Boynton Bch FL. 33436
Treas.	Herbert J. Otten	103 N. Chippewa Cir Herbert	Boynton Bch FL 33436

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: Herbert J. Otten — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11/3/01 Date — (561) 315-5523 Daytime Phone #

Herbert J. Otteau
103 N. Chippewa Cir.
Boynton Bch FL, 33436

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Dear. Sirs,

I did not recieve any notice that I needed to pay my annual Fee Probably Because I moved.

~~I am sending a reinstatement~~ Fomm with a check for 150.00 as told.

Thank you.

Herbert J. Otteau