

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

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DOCUMENT # P00000068403

1. Corporation Name

GHOST BUSTERS LIMOUSINE SERVICE, INC.

2. Principal Office Address

1624 E. SUN RISE BLVD.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33303

Country

USA

3. Mailing Office Address

1624 E. SUN RISE BLVD.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33303

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2000

5. FEI Number

52-2270309

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

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND RD.

Suite, Apt. #, Etc.

City

PLANTATION

800004711768--6

-12/06/01--01051--007

****750.00 ****750.00

State

FL

Zip Code

33324

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

KAS

Kevin A. Sebuña, Asst. Secy.

Date 10/19/01

REGISTERED AGENT MUST SIGN

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	RAY G. ANTHONY	1357 SEMINOLE AVE.	FT. LAUDERDALE, FL 33303
V	ERIC ANTHONY	2561 NW 79th AVE.	CORAL SPRINGS, FL 33065

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

Daytime Phone #

954 463170