

2008 Did not receive annual notice

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAY -5 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Annual Report  
CORPORATION  
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PC1000001748

Leo's Shuttle & Taxi Service INC

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

2599 Hudson Ave

Suite, Apt. #, etc.

City & State

MERRITT IS. FL.

Zip

32952

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

12-29-2000

5. FEI Number

593703522

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

LEOPOLDO PIMENTIL

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

2599 Hudson Ave

Suite, Apt. #, Etc.

City

MERRITT IS.

State

FL

Zip Code

32952

☒ 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

Leopoldo Pimentil

REGISTERED AGENT MUST SIGN

Date 5-2-08

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
D.P.S.T.	LEOPOLDO PIMENTIL	2599 HUDSON AVE	MERRITT IS, FL. 32952

900129230599  
05/14/08--01004--023 \*\*150.00

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:

Leopoldo Pimentil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-08

Date

3 452 8902

Daytime Phone #