

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000020289

1. Entity Name
JOHN-JOHN AIRPORT SHUTTLE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 23 PM 12:51

Principal Place of Business
6101 NW 18TH COURT
FORT LAUDERDALE, FL 33313

Mailing Address
6101 NW 18TH COURT
FORT LAUDERDALE, FL 33313



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
6101 NW 18th Court
City & State
Sunrise FL 33313
Zip
Broward

Suite, Apt. #, etc.

City & State

Zip

Country

11042004 REIN-P CR2E098 (6/04)

4. FEI Number
65-1075752

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOUST, BARBARA CPA
3401 NW 202ND STREET
CAROL CITY, FL 33056-1722

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MUSCEDIN, EMMANUEL
STREET ADDRESS 6101 NW 18TH COURT
CITY-ST-ZIP FORT LAUDERDALE, FL 33313

TITLE TD
NAME AUGUSTINE, MARY
STREET ADDRESS 6101 NW 18TH COURT
CITY-ST-ZIP FORT LAUDERDALE, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

700042572117
11/08/04--01067--009 **150.00

12/1/04