

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 16 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025000

1. Corporation Name

LP Dynasty Limousine Service's, Inc.

2. Principal Office Address

6073 NW 167 Street

Suite, Apt. #, etc.

C-9

City & State

Miami Lakes, Florida

Zip

33015

Country

USA

3. Mailing Office Address

6073 NW 167 Street

Suite, Apt. #, etc.

C-9

City & State

Miami Lakes, Florida

Zip

33015

Country

USA

700023269437
09/23/03--01021--002 **\$900.00

REINSTATEMENT

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

03/09/2001

5. FEI Number

65-1082402

☒ 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

Juan M. Perez, Sr.

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

6073 NW 167 Street

Suite, Apt. #, Etc.

C-9

City

Miami Lakes,

State
FL

Zip Code

33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of
Registered Agent

Juan M. Perez, Sr.

Date

9/4/03

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	Luis Perez	6073 NW 167 St., #C-9	Miami Lakes, FL 33015
V	Juan M. Perez, Sr.	6073 NW 167 St., #C-9	Miami Lakes, FL 33015

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:

Luis Perez, President

Date

9/4/03

Daytime Phone #

(305) 984-6452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)