

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. D

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 OCT -3 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000046018

1. Corporation Name

PLATINUM LIMOUSINES OF
TAMPA BAY INC.

000005204310--0

-10/04/02--01037--019

****750.00 ****750.00

2. Principal Office Address

19208 RIDGELAKE DR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

City & State

LUTZ, FL.

City & State

Zip

33549

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-3-2001

5. FEI Number

59-3729019

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

FRANK J. GRECO

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

1715 N. WESTSHORE BLVD. SUITE 750

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33607

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

26 AUG '02

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.	ARJUMAND HASHMI	18123 Longwater Ave	Tampa 33647
VP	JOE GRECO, JR.	" " "	" " "
		(SAME AS PRINCIPAL OFFICE)	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

Date

26 AUG 2002 695-4440

Daytime Phone #

CR2E081 (9/01)