

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 16 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PO1000048622

1. Corporation Name

LOXAHATCHEE LTD INC.

2. Principal Office Address

15934 TEMPLE BLVD
LOXAHATCHEE FL 33470

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

Country

33470 USA

3. Mailing Office Address

15934 TEMPLE BLVD
LOXAHATCHEE FL 33470

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

Country

33470 USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/2001

5. FEI Number

65-1109920

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

HERMAN HOPKINSON

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

15934 TEMPLE BLVD

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

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

12/05/2003

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
<u>RECEIVER</u>	<u>HERMAN A. HOPKINSON</u>	<u>15934 TEMPLE BLVD</u>	<u>LOXAHATCHEE, FL, 33470</u>

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

Date

12/05/2003

Daytime Phone #

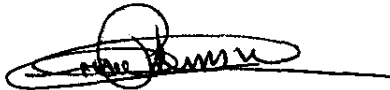
561-790-3121

Loxahatchee Limo, Inc.
Exclusive Sedan & Limo Services
to and from
" BALLENISLES "

15934 Temple Blvd
Loxahatchee, Florida, 33470 USA
Local: (561) 790-3121
US: (888) 465-ALEX (2539)
CAN: (877) 520-ALEX (2539)
Email: LoxahatcheeLimo@aol.com

12/6/2003

This serves to verify that Loxahatchee Limo Inc. did not receive it,s Annual Report Form.

A handwritten signature in black ink, appearing to read 'Herman A. Hopkinson', with a large circular flourish at the beginning.

Herman A. Hopkinson