

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000048622

1. Corporation Name

LOXAHAHATCHEE LIMO INC.

2. Principal Office Address  
15934 TEMPLE BLVD  
LOXAHAHATCHEE FL 33470  
Suite, Apt. #, etc.

3. Mailing Office Address  
15934 TEMPLE BLVD  
LOXAHAHATCHEE FL 33470  
Suite, Apt. #, etc.

City & State  
LOXAHAHATCHEE, FL  
Zip 33470 Country USA

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LOXAHAHATCHEE, FL  
Zip 33470 Country 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

9000025510019

12/15/03--01062--022 \*\*150.00

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

15934 TEMPLE BLVD

Suite, Apt. #, Etc.

City

State

Zip Code

LOXAHAHATCHEE

FL

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

Date

12/05/2003

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
OWNER	<u>HERMAN A. HOPKINSON</u>	<u>15934 TEMPLE BLVD</u>	<u>LOXAHAHATCHEE, 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/05/2003 561-790-3121

Date

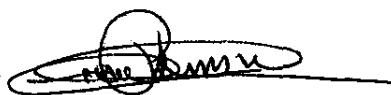
Daytime Phone #

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.



Herman A. Hopkinson