

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 31 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000053749*

1. Corporation Name

ADVANTAGE LIMOUSINE TRANSPORTATION SERVICE

2. Principal Office Address

5400 SW 104 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip
33165

Country
U.S.A

3. Mailing Office Address

5400 SW 104 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip
33165

Country
U.S.A

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

05-31-2001

5. FEI Number

651109267

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

ERNESTO DIAZ

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

5400 SW 104 AVE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33165

300031528963

*03/31/04--01007--003 **900.00*

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

REGISTERED AGENT MUST SIGN

Date *03-26-04*

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
<i>PRESIDENT</i>	<i>ERNESTO DIAZ</i>	<i>5400 SW 104 AVE</i>	<i>MIAMI FL. 33165</i>

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:

ERNESTO DIAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-26-04

Daytime Phone #

305-596-2933

CR2E081 (01/04)