

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 12 PM 12:34

DOCUMENT #

1. Corporation Name
GEM LIMOUSINES, INC.

2. Principal Office Address
2601 S. COURSE DR.
Suite, Apt. #, etc.
206

3. Mailing Office Address
SAME AS 2
Suite, Apt. #, etc.

REINSTATEMENT 02-05

City & State
POMPANO BEACH, FL.
Zip
33069 Country
BROWARD

City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number
04-3598083 Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
KIM DE BOW
Street Address (P.O. Box Number is Not Acceptable)
2601 S. COURSE DR
Suite, Apt. #, Etc.
206 788854861327
City
POMPANO BEACH 05/19/05--01057--007 **120.00
State
FL Zip Code
33069

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]** Date **05/06/05**
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
VP/SEC	KIM DE BOW	2601 S. COURSE DR 206	POMPANO BEACH 33069

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)(f), 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]** Date **05/06/05** 954-977-8050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/05)