

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 2004 8:00 A.M.
Secretary of State

DOCUMENT # PD2000013622

1. Corporation Name

LIFESTYLES LIMOUSINE & COACHES SERVICES, INC.

2. Principal Office Address

P.O. Box 8185

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33075

Country

BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/6/02

5. FEI Number

27-0002371

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for Certificate of Status**

7. Name and Address of Current Registered Agent

Name

ROSUNDA BROWN

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

3200 NE 14th St. Suite 100-A

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33062

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

4/15/04

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
PRES	ROSUNDA BROWN	3200 NE 14th St. Suite 100-A Pompano Beach FL 33062	
SECT	ROSUNDA BROWN	3200 NE 14th St. Suite 100-A Pompano Beach FL 33062	

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

(954) 344-9333

Daytime Phone #

B