

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 18 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000014434

1. Corporation Name

TRAVEL IN STYLE LIMOUSINE INC.

2. Principal Office Address

785 Heron Road

Suite, Apt. #, etc.

City & State

Weston, FL. 33326

Zip

33326

Country

USA

3. Mailing Office Address

785 Heron Road

Suite, Apt. #, etc.

City & State

Weston, FL. 33326

Zip

33326

Country

USA

REINSTATEMENT

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/02

5. FEI Number

90-0008899

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

SALVATORE MANCINI

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

785 Heron Road

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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

Salvatore Mancini

REGISTERED AGENT MUST SIGN

Date

1-12-06

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
P	SALVATORE MANCINI	785 Heron Road	Weston, FL. 33326

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 contained in Chapter 119, 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

Salvatore Mancini

SALVATORE MANCINI 1-12-06 954-384-9334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

262

January 12, 2006

TRAVEL IN STYLE LIMOUSINE, INC.
P02000014434
785 Heron Road
Ft. Lauderdale, FL 33326

Fl Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

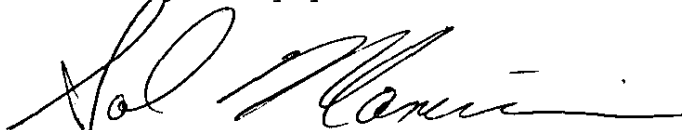
RE: Request reinstatement of this corporation and
waiver of the reinstatement fee for due cause

Gentlemen:

This is a request for waiver of the reinstatement fee for the above mentioned entity; it did not receive the annual report notices in 2003, the year of administrative dissolution. Accordingly, please reinstate this entity to active status. The required \$600 fees composing the annual report fee and corporate supplemental fees for delinquent filing are enclosed.

Thank you for your consideration in this matter.

Very truly yours,



Salvatore Mancini
Registered Agent