

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 3:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # ~~162000027130~~ P02000018679

1. Corporation Name

KINGDOM CAR RENTALS, INC

2. Principal Office Address

3730 WEST BROWARD BLVD

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FLORIDA

Zip

33312

Country

U.S.A

3. Mailing Office Address

3730 WEST BROWARD BLVD

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FLORIDA

Zip

33312

Country

U.S.A

REINSTATEMENT

03

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

02/19/2002

5. FEI Number

36-4488801

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$87.50 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES LEWIS

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

1600 GYPRESS POINT DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33312

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 11-17-2003

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
PS	JAMES LEWIS	1600 GYPRESS POINT DR	CORAL SPRINGS, FL 33071

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:

JAMES LEWIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/2003

Date

954-587-8860

Daytime Phone #

CR2E081 (10/02)