

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 04 AUG -5 PM 3:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>002000037456</u>					
1. Corporation Name <u>AAAA LIMOUSINE, INC.</u>					
2. Principal Office Address <u>SUS3 EBRET POINT CIR</u> Suite, Apt. #, etc.			3. Mailing Office Address <u>SUS3 EBRET POINT CIR</u> Suite, Apt. #, etc.		
City & State <u>BOCA RATON FL</u>			City & State <u>BOCA RATON FL</u>		
Zip <u>33431</u>			Zip <u>33431</u>		
Country <u>USA</u>			Country <u>USA</u>		
4. Date Incorporated or Qualified To Do Business in Florida					
5. FEI Number <u>02-0581148</u>					
6. CERTIFICATE OF STATUS DESIRED ☐ SA.75 Additional Fee required for a Certificate of Status					

7. Name and Address of Current Registered Agent

Name
BARRY MAZER
Street Address (P.O. Box Number is Not Acceptable)
SUS3 EBRET POINT CIR
Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, F.S.

Signature of Registered Agent

Barry Mazer

REGISTERED AGENT MUST SIGN

Date

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
<u>PRES</u>	<u>BARRY MAZER</u>	<u>SUS3 EBRET POINT CIR</u>	<u>BOCA RATON FLORIDA 33431</u>

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

Date

Daytime Phone #

Barry Mazer 6/24/04

AAAA Limousine, Inc
5058 Egret Point Cir
Boca Raton, Fl 33431

April 24, 2004

Secretary of State
Division of Corporations
Annual Reports Filings
409 East Gaines St
Tallahassee, Fl 32399

RE: AAAA Limousine, Inc 02-0581148

To Whom It May Concern:

Please find our check for \$300

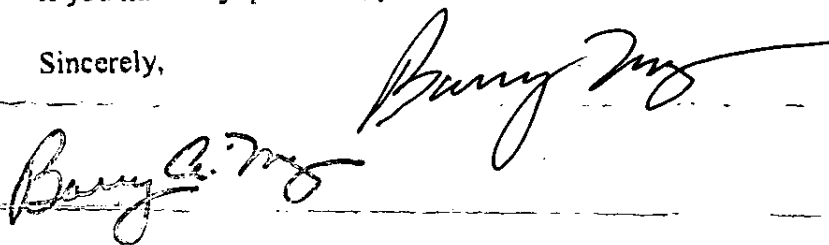
Please note that we did not receive the Uniform Business Report.

We moved our location to the above address and our mail did not get forwarded.

Please accept this payment and form now and please abate all penalties and interest.

If you have any questions, please do not hesitate to contact me

Sincerely,

A handwritten signature in cursive script, appearing to read "Barry A. McGee", is written over a horizontal line. The signature is fluid and stylized, with a long, sweeping underline.