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 # P02000037456

1. Corporation Name

AAAA LIMOUSINE, INC

2. Principal Office Address	3. Mailing Office Address
5053 EGRET POINT CIR	5053 EGRET POINT CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON	City & State: BOCA RATON FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 02-0581548 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: BARRY MAZER

Street Address (P.O. Box Number is Not Acceptable): 5053 EGRET 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 617.0503, F.S.

Signature of Registered Agent: Barry G. 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
PRES	BARRY MAZER	5053 EGRET POINT CIRCLE	BOCA RATON FLORIDA 33431

500039905905
08/05/04--01036--003 **300.00

REINSTATEMENT 03-04

$8.75

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: Barry G. Mazer Barry G. Mazer 6/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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,