PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000063132 DOCUMENT

1. Corporation Name

CHANCE IS R, INC.

Principal Place of Business

Mailing Address

-1844 NORTH-NOB HILL RD

1644 NORTH NOB HILL RD

-271 PLANTATION FL-93322

PLANTATION FL-93322

-271

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS



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If above a	ddresses are	incorrect in any way, line thr	ough incorrect ir	nformation ar	nd enter correction below.				
New Principal Office Address, If Applicable 3. New Mail			ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 06/07/2002				
SUITE 701 City & State City & State		VITE 701		5. FEI Number		Applied For Not Applicable			
Zip Country Zip 33316 US 33311		Zip 33311	Country U.S		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Names a	and Street Add	resses of Each Officer and/	or Director (Flo	rida nonprofit	corporations must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
Р	WILLIAMS, BRYAN K		1844 NORTH NOB HILL RD #271 1919 NW 19 12 ST ; STE 70/		PLANTATION FL 33322 FT LAUDFRDALE	FL 33311			
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8. Name and Address of Current Registered Agent					· · · · · · · · · · · · · · · · · · ·	9. Name and Address of New Registered Agent			
				Name	Name				
WILLIAMS, BRYAN K 1844 NORTH NOB HILL RD 1919 NW 1915 57			Street Address (Street Address (P.O. Box Number is Not Acceptable)					
274 STE 701				Suite, Apt. #, Etc	Suite, Apt. #, Etc.				
PLANTATION FL 33322 ET LAUDERDALE F			^C L 333	City State Zip Code			Zip Code		
10. I, being	appointed the	p registered agent of the abo	ove named corpo	oration, am fa	amiliar with and accept the c	bligations of Se	ction 607.0505, F.S. or 617.0505	5, F.S.	
Signature o	Agent	1//	ECISTEDED AC		·		Date $\frac{12/8}{}$	/03	

11. 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

QQS Ground Transportation, Inc 1919 NOW 19th Street; Suite 701 Ft. Lauderdale, FQ 33311 (954) 741-2811 (954) 523-9260 fax

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314 Attn: Pat Bailey

December 8, 2003

Dear Ms. Bailey:

As per our conversation today LLS Ground Transportation, Inc. (LLS) is writing to inform you that we have relocated our offices. As a result, we did not receive notification that our corporation was being dissolved. LLS had to close the account that the previous checks were written from and move our accounts to a new financial institution and had not received notification of the NSF checks either. LLS was notified by our current financial institution that we were dissolved. What LLS is requesting today is that you accept new checks for the reinstatement of this corporation as well as two others and a certificate of status. The other two corporations are Chance Is R, Inc. and Luxury Limousine Services, Inc. Please find attached the requests for reinstatement for all three corporations and their corresponding checks. Thank you for your assistance with this matter. If you have any questions, please call me.

Sincerely,

Bryan K. Williams

President

LLS Ground Transportation, Inc.

Chance Is R, Inc.

Luxury Limousine Services, Inc.