

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -2 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000086062**
1. Corporation Name
EQUINE LIMOUSINE, INC

2. Principal Office Address
4601 SW 128th AVE
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Southwest Ranches, FL

City & State

Zip **33330** Country **USA**

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/02

5. FEI Number

02-0642933

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **BRUCE BECHTOLD**
Street Address (P.O. Box Number is Not Acceptable)
4601 SW 128th AVE
Suite, Apt. #, Etc.

City **Southwest Ranches**

State
FL

Zip Code
33330

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 **Bruce Bechtold**
REGISTERED AGENT MUST SIGN

Date **9/30/03**

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	BRUCE BECHTOLD	4601 SW 128 th AVE	Southwest Ranches FL 33330
SVP	KARLA WICKS	4601 SW 128 th AVE	Southwest Ranches FL 33330
V	GARY HOCHBERG	5799 ORANGE DR	DANIE, FL 33314

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:

Bruce Bechtold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/03

Daytime Phone #

9546552504

JKW/3

CR2E081 (10/02)

Equine Limousine, Inc.

4601 S.W. 128th Ave.
Southwest Ranches, FL 33330
954-655-2504

September 30, 2003

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

Dear Sirs:

Our company moved its operation in October 2002 from the 7685 Lake Worth Road, Lake Worth Florida to the location indicated in the letterhead above. Unfortunately our mail wasn't forwarded in all cases and we did not receive the annual report form for filing.

Recently we asked our bank to add a name to our account and were told the corporation is inactive, so upon hearing I called your offices. We apologize for the delay in our contacting you, and your help in resolving this matter will be greatly appreciated.

I am attaching the re-instatement form along with a check for \$ 150.00 as instructed by your representative. Your help in expediting this matter will be greatly appreciated.

Sincerely

A handwritten signature in black ink, appearing to read "Bruce Bechtold", written in a cursive style.

Bruce Bechtold
President