

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000108724**

1. Corporation Name

ISLAND'S ELITE LIMOUSINE, INC.

2. Principal Office Address

25 Florida Park Dr.

3. Mailing Office Address

25 Florida Park Dr.

Suite, Apt. #, etc.

Ste. E

Suite, Apt. #, etc.

Ste E

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip

32137

Country

USA

Zip

32137

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/2002

5. FEI Number

14-1850050

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

Jerome D. Mitchell Esq.

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

400 S. Palmetto Ave.

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

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

REGISTERED AGENT MUST SIGN

Date **10/14/03**

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
PVST	Brian Salle	25 Florida Park Dr. Ste E	Palm Coast, FL 32137
D-	Brian Salle	"	"

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 #

10/14/03 386-9862850

CR25081 (10/02)



25 Florida Park Dr. Ste. E
Palm Coast, FL 32137
(386) 447-7790

October 14, 2003

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

To whom it may concern:

I am filing to reinstate the corporation of Island's Elite Limousine, Inc. I did not receive the 2003 annual report to file. By calling (850) 245-6059 and talking to Tina in the corporation reinstatement department, I was instructed to download the application for reinstatement, complete it, include \$150.00 and mail both to the address above. Both are included in this envelope. Please notify me of the reinstatement.

Sincerely,

Brian T. Salle
President