

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 16 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 24



DOCUMENT # P03000041600

1. Entity Name
PLANT CITY LIMOUSINE SERVICE, INC.



Principal Place of Business
702 WEST DR. MARTIN LUTHER KING BLVD STE 2
PLANT CITY, FL 33563

Mailing Address
702 WEST DR. MARTIN LUTHER KING BLVD STE 2
PLANT CITY, FL 33563

2. Principal Place of Business
3668 Lake St. George Dr
Suite, Apt. #, etc.

3. Mailing Address
3668 Lake Saint George Dr.
Suite, Apt. #, etc.

City & State
Palm Harbor FL

City & State
Palm Harbor, FL

Zip
34684

Country
US

Zip
34684

Country
US

11032004 REIN-P CR2E098 (6/04)

4. FEI Number
N/A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARRETT, RICHARD L
18 WALL ST
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name
John K Kerwin
Street Address (P.O. Box Number is Not Acceptable)
3668 Lake St. George Drive
City
Palm Harbor FL Zip Code
34684

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John K Kerwin DATE 11-23-04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, MICHAEL R 702 WEST DR. MARTIN LUTHER KING BLVD STE 2 PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John K Kerwin 3668 Lake St George Dr Palm Harbor FL 34684 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, DELTA 702 WEST DR. MARTIN LUTHER KING BLVD STE 2 PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800043044758 11/29/04--01064--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 11/23/04 DAYTIME PHONE: 727-656-751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR