

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 16 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000041600 1. Entity Name PLANT CITY LIMOUSINE SERVICE, INC.	
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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
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REINSTATEMENT 24



2. Principal Place of Business 3668 Lake St. George Dr Suite, Apt. #, etc.	3. Mailing Address 3668 Lake Saint George DR. 11032004 REIN-P CR2E098 (6/04)
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City & State Palm Harbor FL	City & State Palm Harbor, FL	4. FEI Number N/A	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34684	Country US	Zip 34684	Country US

5. Certificate of Status Desired <input type="checkbox"/> \$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
Signature typed or printed name of registered agent and title if applicable. (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 D NAME FLOYD, MICHAEL R STREET ADDRESS 702 WEST DR. MARTIN LUTHER KING BLVD STE 2 CITY-ST-ZIP PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete		TITLE President NAME John K Kerwin STREET ADDRESS 3668 Lake St George Dr CITY-ST-ZIP Palm Harbor FL 34684 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FLOYD, DELTA STREET ADDRESS 702 WEST DR. MARTIN LUTHER KING BLVD STE 2 CITY-ST-ZIP PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	800043044758 11/29/04--01064--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 #: 727-656-7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR