2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000150712

1. Entity Name
BRIDGE LIMOSINES CORPORATION

FILED
05 NOV 17 AM 10:205
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT
T. Roberts NOV 18 2005

Principal Place of Business	Mailing Address
1455 HOLLY HEIGHTS DRIVE APT. 1 FORT LAUDERDALE, FL 33304	1455 HOLLY HEIGHTS DRIVE APT. 1 FORT LAUDERDALE, FL 33304

10042005 'REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
1455 HOLLY HEIGHTS DRIVE	SAME
Suite, Apt. #, etc. APT#1	Suite, Apt. #, etc.
City & State FORT LAUDERDALE, FL.	City & State
Zip 33304. Country U.S.A.	Zip Country

4. FEI Number 57-1220563 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TORRES, JONANNA 1455 HOLLY HEIGHTS DRIVE APT. 1 FORT LAUDERDALE, FL 33304 Torres, JoHanns SAME address	Name TORRES, JOHANNS Street Address (P.O. Box Number is Not Acceptable) 1455 HOLLY HEIGHTS DRIVE APT. 1 City FORT LAUDERDALE. FL Zip Code 33304.

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 _____ 9.01.2005.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, 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 VICEPRESIDENT MEDINA, LUZ MARY 1455 HOLLY HEIGHTS DRIVE APT. 1 FORT LAUDERDALE, FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VicePresident MEDINA, LUZ MARY 035 1642 1455 HOLLY HEIGHTS DRIVE APT# 58.75 Fort Lauderdale. FLA. 33304.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT TORRES, HAROLD 1455 HOLLY HEIGHTS DRIVE APT. 1 FORT LAUDERDALE, FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT HAROLD TORRES SAME Address.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] TORRES, JOHANNS 1455 HOLLY HEIGHTS DRIVE. APT. 1. FORT LAUDERDALE. FL. 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] OWNER. Johanns Torres. SAME Address	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TORRES, VANNESSA 1455 HOLLY HEIGHTS DRIVE. APT. 1. FORT LAUDERDALE. FL. 33304.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER VANNESSA, TORRES. SAME Address	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted], TORRES, EVY. 1455 HOLLY HEIGHTS DRIVE, APT. 1. FORT LAUDERDALE. FLA. 33304.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER Torres, EVY. OFFICER	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ 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: _____ 954.709.9840.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #