


2007 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P05000045173 | |  |
| 1. Entity Name ET ENTERTAINMENT-CHAUFFEUR LIMO TAXI SEDAN, INC. | | |

FILED

07 JUL 10 AM 9:22

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|---|---|
| Principal Place of Business 11303-122 TERRACE NORTH LARGO, FL 33778 | Mailing Address 11303-122 TERRACE NORTH LARGO, FL 33778 |
|---|---|

STATE OF FLORIDA
REINSTATEMENT 06-07

| | |
|--|-----------------------------------|
| 2. Principal Place of Business - No P.O. Box # <i>11303-122 Terrace North</i> | 3. Mailing Address <i>Same</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State <i>Largo FL</i> | City & State |
| Zip <i>33778</i> | Country |


8/31/06 90004 031 \$150.00
06122007 REIN-P CR2E098 (1/07)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent SCHAEFFER, CATHERINE 240 11TH AVE SW LARGO, FL 33770 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$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 | DP SCHAEFFER, CATHERINE 240 11TH AVE SW LARGO, FL 33770 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 800106021778 07/12/07--01052--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 | <i>mt/10</i> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 exemptions contained in Chapter 119, 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 *Catherine M Schaeffer* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #