

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 24 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P050000122740

1. Corporation Name

Leo Limousine Service
Corporation

2. Principal Office Address - No P.O. Box #

215 BERENGER WALK

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH FL

City & State

Zip

33414

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2005

5. FEI Number

20-3413034

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
LEONARDO DIAZ

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

215 BERENGER WALK

Suite, Apt. #, Etc.

City
ROYAL PALM BEACH

State
FL

Zip Code
33414

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Leonardo Diaz

REGISTERED AGENT MUST SIGN

Date

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
P	LEONARDO DIAZ	215 BERENGER WALK	ROYAL PALM BEACH FL 33414
			00108585048 09/24/07--01029--015 **300.00

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 contained in Chapter 119, 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:

Leonardo Diaz
LEONARDO DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2082

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

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CRCCOOPER@CRCCPA.COM
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August 22, 2007

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Taxpayer: GEOVANNY ROMERO PA (LEO LIMOUSINE SERVICE CORP.)
Document #: P050000122740
FEIN #: 20-3413034
Tax Form: UBR
Tax Period: 2006-2007

To Whom It May Concern:

We have enclosed check # 214 in the amount of \$300.00 for the 2006-2007 Annual Renewal of the above corporation.

Please abate the penalty as Mr. Diaz did not receive the original UBR, and did not intentionally avoid the filing fee. Mr. Diaz is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,


C. R. Cooper, CPA

Encl.

bk

IRS CIRCULAR 230 DISCLAIMER: TO ENSURE COMPLIANCE WITH REQUIREMENTS IMPOSED BY THE IRS, WE INFORM YOU THAT ANY U.S. TAX ADVISE CONTAINED IN THIS COMMUNICATION (INCLUDING ATTACHMENTS), UNLESS OTHERWISE SPECIFICALLY STATED, WAS NOT WRITTEN TO BE USED AND CANNOT BE USED FOR THE PURPOSE OF (1) AVOIDING ANY PENALTIES UNDER THE INTERNAL REVENUE CODE OR (2) PROMOTING, MARKETING OR RECOMMENDING TO ANOTHER PARTY ANY TAX-RELATED MATTERS ADDRESSED HEREIN.