

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000152459

1. Corporation Name Eddy Limousine Services Inc.

FILED

10 MAY 27 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

900181437449
05/27/10--01048--026 **1050.00

CR2E081 (4/10)

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

8325 WATERWAY DR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

33406

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-16-2005

5. FEI Number

20-3809699

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

EDISON PEREZ

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

8325 WATERWAY DR

Suite, Apt. #, Etc.

City

WEST PALM BCH

State

FL

Zip Code

33406

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

Eddy Perez

Date 05-24-10

REGISTERED AGENT MUST SIGN

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
<u>7</u>	<u>EDISON W PEREZ</u>	<u>8325 WATERWAY DR</u>	<u>W.P.B. FL. 33406</u>

205/28

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Eddy Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-24-10

Date

Daytime Phone #