## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000063349

Entity Name: GL LIMOUSINE SERVICES, INC.

FILED Sep 04, 2008 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
|                  |                       |                                  |

4400 SW 160TH AVE #1034 4400 SW 160TH AVE

MIRAMAR, FL 33027 1034

MIRAMAR, FL 33027

Current Mailing Address: New Mailing Address:

4400 SW 160TH AVE #1034 4400 SW 160TH AVE MIRAMAR, FL 33027 1034

MAR, FL 33027 1034 MIRAMAR, FL 33027

FEI Number: 20-4851431 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAITE, TRACY-ANN
4400 SW 160TH AVE #1034
MIRAMAR, FL 33027 US

WAITE, TRACY-ANN
4400 SW 160TH AVE
1034
MIRAMAR, FL 33027 US

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.

SIGNATURE: TRACY-ANN WAITE 09/04/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 WAITE, TRACY-ANN
 Name:

 Address:
 4400 SW 160TH AVE #1034
 Address:

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY-ANN WAITE PD 09/04/2008