


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000025520			
1. Entity Name ADVANCED LIMO SERVICE, INC.			
Principal Place of Business 4403 RACHEL BLVD. SPRING HILL, FL 34607		Mailing Address 4403 RACHEL BLVD. SPRING HILL, FL 34607	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 20856 N RAND RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State KILDEER, IL 60010	
Zip	Country	Zip	Country
60010	USA	60010	USA

FILED
08 DEC 30 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 11072008 0823098 (1/07) 08

4. FEI Number 20-8521010	Applied Fee <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STACHOWIAK, DAVID J 4403 RACHEL BLVD. SPRING HILL, FL 34607		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, 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	PST STACHOWIAK, DAVID J 4403 RACHEL BLVD. SPRING HILL, FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900139376524 12/30/08--01081--016 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: *David J. Stachowiak* **DAVID J. Stachowiak** 12/23/08 (352) 263-7638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #