

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO7000042846

1. Corporation Name

FRANCIS & FRANCIS LUXURY CAR SERVICE INC.

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

1480 NW 110th Ave

3. Mailing Office Address

Suite, Apt. #, etc.

371

Suite, Apt. #, etc.

SAV

City & State

PLANTATION FL

City & State

Zip

33322

Country

BROWARD

Zip

Country

7. Name and Address of Current Registered Agent

Name

STEVEN FRANCIS

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

10850 NW 2ND ST.

Suite, Apt. #, Etc.

101

City

Pembroke Pines

State

FL

Zip Code

33026

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

Steven Francis

REGISTERED AGENT MUST SIGN

Date 3/23/2010

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>CEO</u>	<u>STEVEN FRANCIS</u>	<u>10850 NW 2ND ST.</u>	<u>Pembroke Pines FL 33026</u>
<u>CEO</u>	<u>KAREN FRANCIS</u>	<u>10850 NW 2ND ST.</u>	<u>Pembroke Pines FL 33026</u>
<u>CFO</u>	<u>DAVID THOMAS</u>	<u>19324 NW 47th COURT</u>	<u>MIMIA GARDEN FL 33055</u>

REINSTATEMENT 08-10

10. E-mail Address: SFRANCIS7@MSN.COM

(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: Steven Francis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2010 (654) 681-0152

Date

Daytime Phone #

**FILED**

10 MAR 23 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000172907270  
03/23/10--01016--019 \*\*458.75  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

11-3826279

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

☒ 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.