

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR '00 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000071209

1. Corporation Name

Premiere Ground Transportation Services, Inc.

2. Principal Office Address

1776 Mango Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 453

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34234

Country

USA

City & State

Sarasota, FL

Zip

34234

Country

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/7/93

5. FEI Number

65-0453813

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

Jorge Resendiz

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

1795 Oak Lakes Dr.

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34232

800004063938-9

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****908.75 ****908.75

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

REGISTERED AGENT MUST SIGN

Date

3/27/01

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
Pres.	Jorge Resendiz	1795 Oak Lakes Dr.	Sarasota, FL 34232
Sec.	Jorge Resendiz	1795 Oak Lakes Dr.	Sarasota, FL 34232
Treas.	Jorge Resendiz	1795 Oak Lakes Dr.	Sarasota, FL 34232

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Resendiz

Date

3/27/01

Daytime Phone #

(941)365-2992

Mailing address of org Jorge Resendiz 3/24/01