

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra S. Gorman
Secretary of State
DIVISION OF CORPORATIONS

97-99 AR

FILED
99 JUN 30 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000000248**

1. Corporation Name
ALL AMERICAN LIMOUSINE, INC.

Principal Place of Business
**1415 NE 28TH COURT
POMPANO BEACH FL 33064
US**

Mailing Address
**P. O. BOX 5775
LIGHTHOUSE POINT FL 33074
US**



REINSTATEMENT 97-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **01/03/1994**

5. FEI Number **65-0464198** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD S/T	MALTA, STEVEN G	1415 NE 28TH COURT	POMPANO BEACH FL

000002927770-4
-07/09/99--01089--018
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

**ONORATI, GARY
767 S. STATE RD 7 #13
MARGATE FL 33068**

9. Name and Address of New Registered Agent

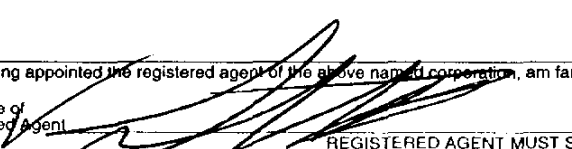
Name **STEVEN MALTA**

Street Address (P.O. Box Number is Not Acceptable)
1415 NE 28 CT

Suite, Apt. #, Etc.

City **POMPANO BEACH** State **FL** Zip Code **33064**


10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date **6-9-99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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:  **STEVEN MALTA**

Date **6-9-99** Daytime Phone #

CR2040 (8/97)