

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 20410000 18257

1. Corporation Name

1-800-LIMO-RES

Principal Place of Business

P.O. Box 3307  
Pompano Beach, FL  
33072

Mailing Address

198000002144  
P.O. Box 3307  
Pompano Beach, FL  
33072

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

2. New Principal Office Address, If Applicable

3300 Port Royale Blvd N.

Suite, Apt. #, etc.

Suite 415

City & State

Fort Lauderdale FL

33308

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0495746

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
<u>Owner</u> <u>Pres.</u>	<u>Jay Gil</u>	<u>3300 Port Royale Blvd. N.</u> <u>Suite 415</u> <u>Ft. Land., FL 33308</u>	<u>Ft Land, FL 33308</u>
			<u>500002433115--4</u> <u>-02/17/98--01080--006</u> <u>***1050.00 ***1050.00</u>

8. Name and Address of Current Registered Agent

Dean R. Halper, P.A.  
15200 ~~15000~~ Road  
Suite B-7  
Delray Beach, FL 33484

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Dean R. Halper, esq  
REGISTERED AGENT MUST SIGN

Date 2/6/98

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:

Jay Gil  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 FEB -6 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 90-98