

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 AUG 26 PM 12:23

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023521

1. Corporation Name

OTTO LIMOUSINE SERVICE, INC.

REINSTATEMENT

2. Principal Office Address - No P.O. Box # 15680 Hancock Road		3. Mailing Office Address 15680 Hancock Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34240	Country USA	Zip 34240	Country USA

96-11 CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 03-28-94

5. FEI Number
65-0480218

☐ 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 Peter J. Jaensch		
Street Address (P.O. Box Number is Not Acceptable) 2198 Main Street		
Suite, Apt. #, Etc.		
City Sarasota	State FL	Zip Code 34237

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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 8-17-11

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
DP	Christine Otto	15680 Hancock Road	Sarasota, FL 34240
DVP	Jurgen Otto	15680 Hancock Road	Sarasota, FL 34240

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Christine Otto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/2011

Date

Daytime Phone #