CORPORATION REINSTATEMENT

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

FILED
00 JUN -7 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027975

1. Corporation Name
DEVIN CHAUFFEURED SEDANS, INC.

2. Principal Office Address	3. Mailing Office Address
121 CONE Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORMOND BEACH Florida	City & State
Zip: 32174 Country: USA.	Zip Country

200003280432--8
-06/07/00--01006--004
****308.75 ****308.75

4. Date Incorporated or Qualified To Do Business in Florida: 04-11-94

5. FEI Number: 59-3260440 ☐ 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: Tyler J. Donaghy
Street Address (P.O. Box Number is Not Acceptable): 121 CONE Rd.
Suite, Apt. #, Etc.:
City: ORMOND Beach. State: FL Zip Code: 32174.

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: T Donaghy REGISTERED AGENT MUST SIGN Date: 06-02-00

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
P	Tyler J. Donaghy	121 CONE Rd.	ORMOND Beach, FL 32174

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: T Donaghy President 06-02-00 904-255-1219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Aristocrat Limousine Service

P.O.Box 263122
Daytona Beach Fl.
32126

P94000027975

May 25, 2000

Dept Of State

Dear Sir or Madam:

On May 25, 2000. I was informed by a vender that our incorporation was inactive upon calling to the reinstatement office I was informed that the address for renewal was PO Box 2363122 instead of 263122 which I was than informed to write a letter asking to waive the fee for reinstatement due to an incorrect address

Sincerely,

Tyler J Donaghy
President

DEVIN CHAUFFEURED SEDANS, INC
P94000027975
ORIGINAL FILED WITH P94000044525
ARISTOCRAT LIMOUSINE OF
CENTRAL FLORIDA, INC.

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