

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 # P95000057113

1. Corporation Name

DYNASTY LIMOUSINE OF MELBOURNE, INC.

Principal Place of Business

1702 N. WICKHAM RD
MELBOURNE FL 32934
US

Mailing Address

1702 N. WICKHAM
MELBOURNE FL 32934
US

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

2. New Principal Office Address, If Applicable

3 Annette Dr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO Box 410987
Suite, Apt. #, etc.

City & State

W. Melbourne, FL

Zip

32904

Country

US

City & State

Melbourne, FL

Zip

32941-0937

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1995

5. FEI Number

59-3329199

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PSD	FONTAINE, RHONDALEE M	1702 N. WICKHAM RD <i>3 Annette Dr. W. Melb. FL</i>	WEST-MELBOURNE-FL <i>32904</i>
VP	FONTAINE, ROBERT W II	1702 N. WICKHAM RD "	WEST-MELBOURNE-FL "
S	FARROW, BRUCE L <i>Fontaine, Robert W II</i>	1702 N. WICKHAM RD "	WEST-MELBOURNE-FL "

8. Name and Address of Current Registered Agent

FONTAINE, ROBERT W II
1702 N. WICKHAM RD
WEST-MELBOURNE-FL 32934

9. Name and Address of New Registered Agent

Name

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

3 Annette Dr.

Suite, Apt. #, Etc.

City

W. Melbourne

State
FL

Zip Code
32904

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

S

REGISTERED AGENT MUST SIGN

Date *11-20-97*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 JAN -2 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

ad

CR2E040 (8/97)