


1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|--------------------------------------|---|--|
| CORPORATION REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
| | | |

06 OCT -5 PM 2:13

DOCUMENT # P95000060097

1. Corporation Name
ASSOCIATED LIMOUSINE SERVICES INC

| | | | |
|--|--|---|--|
| 2. Principal Office Address <u>1121 E. COMMERCIAL BLVD</u> Suite, Apt. #, etc. <u>Suite 2W01</u> City & State <u>FT. LAUDERDALE FL.</u> Zip <u>33334</u> Country <u>USA</u> | | 3. Mailing Office Address <u>SAME</u> Suite, Apt. #, etc. City & State Zip Country | |
|--|--|---|--|

REINSTATEMENT 05-06
 CR2E081 (12/05)

| | | |
|---|---|---|
| 4. Date Incorporated or Qualified To Do Business in Florida <u>08/03/95</u> | 5. FEI Number <u>65-0604125</u> | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$8.75 Additional Fee required for a Certificate of Status |

| | | |
|--|--------------------|--------------------------|
| 7. Name and Address of Current Registered Agent | | |
| Name <u>ROBERT J. BORODAY</u> | | |
| Street Address (P.O. Box Number is Not Acceptable) <u>10097 CLEARY BLVD</u> | | |
| Suite, Apt. #, Etc. <u>SUITE # 233</u> | | |
| City <u>PLANTATION FL.</u> | State <u>FL</u> | Zip Code <u>33324</u> |

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 Robert J. Boroday Date 10-04-06

REGISTERED AGENT MUST SIGN

| 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 | ROBERT J. BORODAY | 10097 CLEARY BLVD #233 | PLANTATION FL. 33324 |
| VP | CARLA BORODAY | 10097 CLEARY BLVD #233 | PLANTATION FL 33324 |
| 000000493550 10/05/06--01025--026 **300.00 | | | |

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 contained in Chapter 119, 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: Robert J. Boroday ROBERT J. BORODAY 10-04-06 954-771-5466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ASSOCIATED LIMOUSINE SERVICES

1121 East Commercial Blvd #2W01

Oakland Park, FL 33334

TEL: 954-771-5466

FAX: 954-492-5556

October 4, 2006

Florida Department of State
Division of Corporations

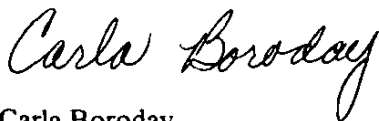
Dear Sir or Madam:

Please find enclosed a MoneyGram to reinstate the corporation for Associated Limousine Services, Inc P95000060097.

I sincerely apologize for the delay. Last year we suffered damages from Hurricane Wilma and were forced to move. Since it was on a temporary basis, we stored documents in boxes and had them in our warehouse. Then we had a flood in our temporary office (again from bad weather) and as a result boxes of documents were destroyed due to water damage. This year, we did not receive the corporation renewal form probably due to the different address.

I contacted your office and a representative told me to down load this form and send it in with a \$300.00 reinstatement fee.

Please reinstate the corporation. If you require additional information, please do not hesitate to contact me at the above number or my personal cell 954-520-8240. Thank you in advance.



Carla Boroday
Vice President