APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000028344

1. Corporation Name

GARY SHEFFIELD LIMOUSINE, INC.

REINSTATEMENT 97-98

Principal Place of Business	Mailing Address
270 1st Ave. S. Suite 300 St. Petersburg, FL 33701	270 1st Ave. S. Suite 300 St. Petersburg, FL 33701

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
25 2nd Street North	25 2nd Street North
Suite, Apt. #, etc.: Suite 160	Suite, Apt. #, etc.: Suite 160
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33701 Country: US	Zip: 33701 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 4/1/96

5. FEI Number: 59-3375867 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D P	Gary A. Sheffield	850 Pinellas Point Drive S.	St. Petersburg, FL 33705
D VP/S/T	Harold Jones	6731 30th Street South	St. Petersburg, FL 33712

DB 2-25-98

100002443021--6
-02/27/98--01097--006
*****300.00 *****300.00

8. Name and Address of Current Registered Agent

Harvey A. Ford
270 1st Avenue South
Suite 300
St. Petersburg, FL 33701

9. Name and Address of New Registered Agent

Name: Harvey A. Ford
Street Address (P.O. Box Number is Not Acceptable): 501 First Avenue North
Suite, Apt. #, Etc.: Suite 1000
City: St. Petersburg State: FL Zip Code: 33701

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: Harvey A. Ford REGISTERED AGENT MUST SIGN Date: 2/24/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Harold Jones 2/24/98 (813) 866-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harold Jones, Vice President