

FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P970000000643**

1. Corporation Name

**Dana's Classic Limousine
Service, Inc.**

700007456727--5
-08/30/02--01058--017
****300.00 ****300.00

2. Principal Office Address

10220 New Berlin Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32226

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

59 342 6703

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Noel A. Dana

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

10220 New Berlin Rd

Suite, Apt. #, Etc.

Suite 100

City

Jacksonville

State

FL

Zip Code

32226

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

Noel A. Dana

Date **8/9/02**

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
Pres	Noel A. Dana	10220 New Berlin Rd Suite 100	Jax FL 32226

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)(f), 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:

Noel A. Dana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/02 904 744-3333

Date

Daytime Phone #

js 8/28/02

2082

DO NOT REMOVE!

Limousine & Transportation Service
10220 New Berlin Road , Suite 100
Jacksonville FL 32226



DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

DEAR SIR:

OUR CORPORATION WAS BEGUN IN 1997 WHILE WE WERE LOCATED AT 1130A
ROGERO ROAD IN JACKSONVILLE, FL 32211. WE DID NOT REALIZE THAT IT WAS
OUR RESPONSIBILITY TO CONTACT YOUR OFFICE REGARDING OUR CHANGE OF
ADDRESS IN 1999. THE POST OFFICE DID NOT FORWARD TO US THE PAPERS YOUR
OFFICE SENT OUT AND WE DID NOT THINK TO REQUEST THE PAPERS.

WE REALIZED OUR ERROR WHEN MAKING A LOAN AND THE BANK TOLD US OF
THE PROBLEM WITH THE INCORPORATION.

WE WISH TO CORRECT THE SITUATION AND ARE FORWARDING TO YOU THE
ENCLOSED REINSTATEMENT FORM ALONG WITH OUR CHECK FOR THE THREE
HUNDRED DOLLARS OWED FOR THE TWO YEARS WE WERE BEHIND.

THANK YOU FOR ASSISTING US IN CORRECTING OUR ERROR.

SINCERELY,

NOEL A. DANA
PRESIDENT



904-744-3333 • 1-800-456-5466 • Fax: 904-751-5466

E-mail: danaslimo@aol.com

www.danaslimo.com