

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P97000003182

1. Corporation Name

ACCURATE LIMOUSINE CO.

Principal Place of Business

1520 NW 62ND TERRACE
MARGATE FL 33063

Mailing Address

1520 NW 62ND TERRACE
MARGATE FL 33063

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/13/1997

5. FEI Number

65-0726351

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SPITLER, RICHARD	1520 NW 62ND TERRACE	MARGATE FL 33063

9000002707559--8
-12/09/98--01074--050
****150.00 ****150.00

8. Name and Address of Current Registered Agent

COHEN, STEVEN E
800 NW 62ND STREET, SUITE 200
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/19/98

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 #

11/19/98

(954) 75-3618

**ACCURATE LIMOUSINE CO.
1520 NW 62ND TERRACE
MARGATE, FL 33063
(954) 975-3618**

DIVISION OF CORPORATIONS
1998
P.O. BOX 6327
TALLAHASSEE, FL 32314

NOVEMBER 19,

RE: REINSTATEMENT

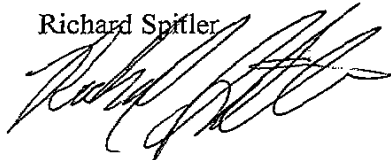
To whom it may concern,

This letter, as per conversation with your office on November 19, 1998, is to explain the fact that no Corporate Annual report was received by our company in January. The only coorespondence that we have received is the reinstatement letter.

Enclosed please find the check for \$ 150.00 for the regular fees as told to us by your agent. Thank you for your understanding in this matter. We are aware that we should receive the next report no later than the 2nd week in February.

Respectfully,

Richard Spitler

A handwritten signature in black ink, appearing to read 'Richard Spitler', written over a horizontal line.