

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 3:00

DOCUMENT # P97000037925

1. Corporation Name

Luxury Limousine Services, Inc

2. Principal Office Address

1919 NW 19th ST

Suite, Apt. #, etc.

SUITE 701

City & State

FT LAUDERDALE FL

Zip

33311

Country

US

3. Mailing Office Address

1919 NW 19th ST

Suite, Apt. #, etc.

SUITE 701

City & State

FT LAUDERDALE FL

Zip

33311

Country

US

REINSTATEMENT

03

500025537205

12/16/03--01076--014 **173.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0747629

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRYAN K. WILLIAMS

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

1919 NW 19th ST S

Suite, Apt. #, Etc.

SUITE 701

City

FT LAUDERDALE

State

FL

Zip Code

33311

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/8/03

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
CEO	Williams, Bryan-K	1919 NW 19th ST STE 701 7530 Black Olive Way Tampa FL	Tampa, FL 33321

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)(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

Bryan K. Williams

Date

12/8/03 (954) 741-2811

Daytime Phone #

CR2E081 (10/02)

2/2

LLS Ground Transportation, Inc
1919 NW 19th Street, Suite 701
Ft. Lauderdale, FL 33311
(954) 741-2811
(954) 523-9260 fax

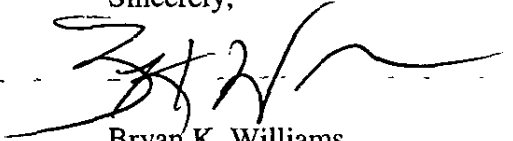
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
Attn: Pat Bailey

December 8, 2003

Dear Ms. Bailey:

As per our conversation today LLS Ground Transportation, Inc. (LLS) is writing to inform you that we have relocated our offices. As a result, we did not receive notification that our corporation was being dissolved. LLS had to close the account that the previous checks were written from and move our accounts to a new financial institution and had not received notification of the NSF checks either. LLS was notified by our current financial institution that we were dissolved. What LLS is requesting today is that you accept new checks for the reinstatement of this corporation as well as two others and a certificate of status. The other two corporations are Chance Is R, Inc. and Luxury Limousine Services, Inc. Please find attached the requests for reinstatement for all three corporations and their corresponding checks. Thank you for your assistance with this matter. If you have any questions, please call me.

Sincerely,



Bryan K. Williams
President
LLS Ground Transportation, Inc.
Chance Is R, Inc.
Luxury Limousine Services, Inc.