PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98 AL

99 MAY 14 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056590

1. Corporation Name Ridin' Deep, INC
DBA: Extreme Limousines

Principal Place of Business
4819 SW 75th AVE
Miami FL 33155

Mailing Address

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: June 97

5. FEI Number: 65-0767509 | 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)

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
Pres	Keith Holland	5600 Collins AVE 12M	Miami Bch FL 33140
V.P.	Barry Foette	6709 SW 88th St #221	Miami FL 33156

500002885655---2
-05/25/99--01050--003
****300.00 ****300.00

8. Name and Address of Current Registered Agent
Steven Naturenman
9500 S. Padeland BLVD #610
Miami FL 33156

9. Name and Address of New Registered Agent
Name: Barry Foette
Street Address (P.O. Box Number(s) Not Acceptable): 6709 SW 88th ST
Suite, Apt. #, Etc: #221
City: Miami
State: FL | Zip Code: 33156

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: Barry Foette
REGISTERED AGENT MUST SIGN
Date: 4-26-99

11. This corporation owes 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: Barry Foette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date | Daytime Phone

CR2E058 (12/98)