

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2000 UBR
FLORIDA DEPARTMENT OF STATE
Jeffrey Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 22 PM 4:32

DOCUMENT # P98000011163

1. Corporation Name

NATIVE Limousine Service, Inc.

2. Principal Office Address

806 N.E. Pecan Circle

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

same

City & State

Barefoot Bay, FL

City & State

FL. same

Zip

32976

Country

Brevard

Zip

same

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/29/98

5. FEI Number

59-349-1971

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 68.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

M. Patricia YASIN

300003327713-5

-07/19/00-01050-018

****158.75 ****158.75

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

806 N.E. Pecan Circle

Suite, Apt. #, Etc.

Barefoot Bay

City

Barefoot Bay

State

FL

Zip Code

32976

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

M. Patricia Yasin

REGISTERED AGENT MUST SIGN

Date

5/30/00

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

President

M. Patricia YASIN

806 N.E. Pecan Circle

Barefoot Bay FL 32976

AD

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:

M. Patricia Yasin, President

Date

5/30/00

Daytime Phone #

561-664-5177