

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000012755

1. Corporation Name

U.S.A. LIMO-ORLANDO, INC.

Principal Place of Business

20201 N.E. 15TH COURT  
NORTH MIAMI FL 33179

Mailing Address

20201 N.E. 15TH COURT  
NORTH MIAMI FL 33179

FILED  
00 FEB 23 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

02/09/1998

5. FEI Number

65-0820679

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 3	City / State / Zip 4
D	GBUR, STEVE	20201 N.E. 15TH COURT	NORTH MIAMI FL 33179
			400003148644-8 02/28/00 01011 003 ****908.75 ****908.75

REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent

SKRLD, INC.  
201 ALHAMBRA CIRCLE, STE. 1102  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

STEVE GBUR

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

20201 N.E. 15 COURT

Suite, Apt. #, Etc.

City

NORTH MIAMI

State

FL

Zip Code

33179

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 1-12-00

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

(805) 770-5466

Daytime Phone #

CR2E040 (8/99)