PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

99 DEC 28 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000016046

1. Corporation Name

WORLD CLASS LIMOUSINES, INC.

Mailing Address	Principal Place of Business
1499 W. Palmetto Park Rd. Suite 200 Boca Raton, Florida 33486	the same

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
225 Mizner Blvd.	225 Mizner Blvd.
Suite, Apt. #, etc. Suite 640	Suite, Apt. #, etc. Suite 640
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33432 Country USA	Zip 33432 Country USA

4. Date Incorporated or Qualified To Do Business In Florida: 2/18/98

5. FEI Number: 65-0815493 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PSTD	Anthony Caliendo	225 Mizner Blvd.	Boca Raton, FL 33432
VP	Bruce Richards	225 Mizner Blvd.	Boca Raton, FL 33432

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8. Name and Address of Current Registered Agent

Anthony Caliendo
1400 W. Palmetto Park Rd.
Suite 200
Boca Raton, FL 33486

9. Name and Address of New Registered Agent

Name: Anthony Caliendo
Street Address (P.O. Box Number is Not Acceptable): 225 Mizner Blvd.
Suite, Apt. #, Etc.: Suite 640
City: Boca Raton State: FL Zip Code: 33432

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: X _____ Date: 12-16-99
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when 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., and that fees owed by the corporation have been paid. 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: X _____ Anthony Caliendo 12/16/99 (561) 218-2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #