

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 25 PM 3:18

DOCUMENT # P98000024607

1. Corporation Name

AMERICAN LIMOUSINE & TOUR &
GUIDE SERVICE INC.

2. Principal Office Address

12705 NW 42ave

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip

33054

Country

USA

3. Mailing Office Address

PO BOX 1310

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FLA

Zip

33143

Country

USA

REINSTATEMENT 9-01

4. Date Incorporated or Qualified
To Do Business in Florida

3/16/1998

SP

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

OSCAR LONDONO

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

12705 NW 42AVE

Suite, Apt. #, Etc.

City

MIAMI

180804435271

-06/21/01--01050-024

***1858.75 ***1158.75

State

FL

Zip Code

33054

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

Oscar Londono

Date

5/24/01

REGISTERED AGENT MUST SIGN

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
D	OSCAR LONDONO	12705 NW 42ave	MIA FL 33054
VP	OSCAR LONDONO	12705 NW 42ave	MIA FL 33054
P	LEE FRANKEL	12705 NW 42ave	MIA FL 33054
T	GEMMA COLACI	12705 NW 42ave	MIA FL 33054

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:

Oscar Londono
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/24/01

Daytime Phone #

3056889832