

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 22 AM 11:40

DOCUMENT # P98000042332

1. Corporation Name

LEGACY LIMOUSINE INCORPORATED

Principal Place of Business

Mailing Address

32720 LAKESHORE DRIVE
TAVARES FL 32726

32720 LAKESHORE DRIVE
TAVARES FL 32726



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07-06-99-90011-032 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1998

5. FEI Number

59-3523142

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PFISTER, LORI	32720 LAKESHORE DRIVE	TAVARES FL 32726
VPD	DILLARD, FLOYD G	826 NORTH BAY ST.	EUSTIS FL 32726
D	DILLARD, MARIELA	103 VISTA AVENUE	EUSTIS FL 32726

8. Name and Address of Current Registered Agent

PFISTER, JEFFERY M
312 W. MAIN STREET
SUITE C
TAVARES FL 32726

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/18/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori Pfister

10/15/99 (352)253-0141

Date

Daytime Phone #

CR2E040 (8/99)

October 15. 1999

**I have previously sent this form in with a check.
The form must have been misplaced by your office,
but the check was cashed.**

Thank You,

Kari Pfister