


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000048546</u>			
1. Corporation Name <u>Jessy's Limousines, Corp.</u>			
2. Principal Office Address <u>5495 NW 79th Ave.</u>		3. Mailing Office Address <u>5495 NW 79th Ave</u>	
Suite, Apt. #, etc. <u>0</u>		Suite, Apt. #, etc. <u>0</u>	
City & State <u>MIAMI, FL</u>		City & State <u>MIAMI, FL</u>	
Zip <u>33166</u>	Country <u>USA</u>	Zip <u>33166</u>	Country <u>USA</u>

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****750.00 ****750.00

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida <u>06/01/98</u>	
5. FEI Number <u>65-0839467</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>ANTONIO DIAZ</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>6061 Collins Ave #15-E</u>	
Suite, Apt. #, Etc. <u>15-E</u>	
City <u>Miami Beach</u>	State <u>FL</u> Zip Code <u>33140</u>

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** Antonio Diaz **REGISTERED AGENT MUST SIGN**

Date 11-8-01

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
PD President	Antonio Diaz	6061 Collins Ave #15-E	Miami Beach, FL 33140

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: Antonio Diaz **ANTONIO DIAZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-8-01 **Daytime Phone #** (305) 640-9696

CR2E081 (9/00)