

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

00 MAR 24 PM 4:02

DOCUMENT # P98000058827

1. Corporation Name

GRLS LIMOUSINE SERVICE, INC.

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*****8.75 *****8.75



Principal Place of Business

Mailing Address

~~124014 WEST OKEECHOBEE ROAD~~
LOT 511
HIALEAH GARDENS FL 33018

~~124014 WEST OKEECHOBEE ROAD~~
LOT 511
HIALEAH GARDENS FL 33018

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

REINSTATEMENT 99-00

2. New Principal Office Address, if Applicable

~~12401 West Okeechobee Road~~

Suite, Apt. #, etc.

~~Lot# 511~~

City & State

~~Hialeah Gardens, FL.~~

Zip

~~33131~~

Country

~~USA~~

3. New Mailing Office Address, if Applicable

~~12401 West Okeechobee Road~~

Suite, Apt. #, etc.

~~Lot# 511~~

City & State

~~Hialeah Gardens, FL.~~

Zip

~~33131~~

Country

~~USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1998

5. FEI Number

65-0847016

X 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	BOADA, FIDEL	124014 WEST OKEECHOBEE ROAD	HIALEAH GARDENS FL 33018
S	TORRES, CRISTINA	124014 WEST OKEECHOBEE ROAD	HIALEAH GARDENS FL 33018
PTD	Boada, Jorge	12401 West Okeechobee Road	Hialeah Gardens, FL. 33018
S	Torres, Cristina	12401 West Okeechobee Road	Hialeah Gardens, FL. 33018

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*****900.00 *****900.00

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Cristina Torres

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

~~12401 West Okeechobee Road~~

Suite, Apt. #, Etc.

~~Lot# 511~~

City

Hialeah Gardens

State

FL

Zip Code

33131

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

Cristina Torres
REGISTERED AGENT MUST SIGN

Date 03/21/00

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:

Cristina Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/00

((305)819-3535

Date

Daytime Phone #

AD

CR2E040 (9/99)