

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

Pg 1 of 1

00 OCT 24 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000079422

1. Corporation Name

EMERALD COAST LIMOUSINES, INC.

Principal Place of Business

Mailing Address

725 HWY 96
DESTIN FL 32541

P.O. BOX 634
DESTIN FL 32540-0634



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3544427

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PST	MORGAN, VICTOR J	1230 QUAIL DR.	DESTIN FL 32541
			200003456162-9 -11/07/00--01121--022 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

MORGAN, VICTOR J
1230 QUAIL RIDGE DR.
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-19-00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-00

Daytime Phone #

850 837-1573

Emerald Coast Limousines, Inc
1230 Quail Ridge Drive
Destin, FL 32541

18 October, 2000

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

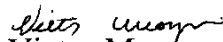
Ref: Dissolution Notice

Gentlemen,

I respectfully request that you take action to reinstate my corporation, Emerald Coast Limousines, Inc. This is a new Corporation and I was unaware of the Annual Report Fee. I have no record of having received an earlier notification of tax due.

Please find enclosed my check in the amount of \$150 which I am advised is the normal amount of the annual report without penalty. I will take every effort to assure that future reports are filed timely.

Respectfully,


Victor Morgan, President

Enc: Check \$150.00, Fl Sec. Of State