PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REGISTRATION 01/02 4652

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

FILED
02 JUL 22 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P98000071882

1. Corporation Name: PALM TREE LIMO SERVICE
3884 HERON RIDGE LANE
WESTON, FLORIA 33331
65 088 4652

2. Principal Office Address: 3884 HERON RIDGE LANE
Suite, Apt. #, etc.:
City & State: WESTON
Zip: 33331 Country: BROWARD

3. Mailing Office Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: 33331 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/99

5. FEI Number: 65 0884652 ☐ Applied For ☐ Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status 8.75

7. Name and Address of Current Registered Agent

Name: SPIEGEL & UTERA, P.A.
Street Address (P.O. Box Number is Not Acceptable): 343 ALMERIA AVE 305 4452700
Suite, Apt. #, etc.:
City: CORAL GABLES, State: FL Zip Code: 33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: _____
REGISTERED AGENT MUST SIGN

CR2E081 (5.01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Secretary	KEITH WHITE	3884 HERON RIDGE LA.	WESTON, FL 33331
Pres	BLONDELL WHITE	" " " "	" "

1/22/24

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: Keith White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 29, 2002
Date

Daytime Phone #

29 June 2002

Florida Dept of State

Per my telephone conversation with your office I am dont think I received the notification for the filing and I dont understand the procedures. I was told to send the letter with $300 or $350 and send to you enclosed please find $400 to include status report if I owe any difference please credit.

Thank you
Luck Stute
954 217 4009

* P.S. Non Receipt