

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *PA98000107882*

1. Corporation Name

PALM TREE LIMO SERVICE

2. Principal Office Address - No P.O. Box #

15154 SW 37th St.

Suite, Apt. #, etc.

City & State

DAVIE FLORIDA

Zip

33331

Country

USA

3. Mailing Office Address

15154 SW 37th St.

Suite, Apt. #, etc.

City & State

*DAVIE
FLORIDA.*

Zip

33331

Country

USA

7. Name and Address of Current Registered Agent

Name

KEITH WHITE

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

15154 SW 37th St.

Suite, Apt. #, Etc.

City

DAVIE FLORIDA

State

FL

Zip Code

33331

4. Date Incorporated or Qualified
To Do Business in Florida

DEC. 1999

5. FEI Number

650884652

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Keith White

Date

19 April 2007

REGISTERED AGENT MUST SIGN

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
<i>Pres.</i>	<i>KEITH WHITE</i>	<i>15154 SW 37th St.</i>	<i>DAVIE FL. 33331</i>

B 5/2/07

REINSTATEMENT *04-01*

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 contained in Chapter 119, 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

Date

19 April 2007 *9542174009*

Daytime Phone #