

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 19 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p99000032694

1. Corporation Name

Southern Limousine Sales, Inc

000008022070--0
-09/25/02--01071--016
****300.00 ****300.00

2. Principal Office Address

401. W. Linton Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

Zip

33444

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

219805703

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

Peter Nelson

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

955 Evergreen Dr

Suite, Apt. #, Etc.

City

Delray Beach

State
FL

Zip Code

33444

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

REGISTERED AGENT MUST SIGN

Date

8/8/02

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
Pres	Peter Nelson	955 Evergreen Dr	Delray Beach FL 33444

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/8/02

Daytime Phone #

561

330-9855

CR2E081 (8/01)

2052

Peter Nelson

401 W. Linton Blvd, Suite 203

Delray Beach, FL 33444

Phone (800) ~~997~~ 2220

Fax (561) 330-2937

To: Division of Corporations.

Dear Sirs,

Please find a copy of applications for reinstatement for 2 companies.
I moved and did not receive notice.

The new address is located on the application.

Please call me with any questions regarding this.

Thank You

Peter Nelson