

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000046153

1. Corporation Name

Chauffeured Transportation, Corp.

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

3818 Simms St

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021-3028

Country

Broward

3. Mailing Office Address

3818 Simms St

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021-3028

Country

Broward

7. Name and Address of Current Registered Agent

Name

Owen L. Wyman

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

3818 Simms St

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021-3028

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

Owen L. Wyman
REGISTERED AGENT MUST SIGN

Date November 17, 2008

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
P/T/S	Owen L. Wyman	3818 Simms St	Hollywood, FL 33021-3028
	<i>[Signature]</i>		

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:

Owen L. Wyman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Owen L. Wyman

November 17, 2008 954-962-2288

Date

Daytime Phone #

FILED

08 NOV 24 PM 5:46

FLORIDA DEPARTMENT OF STATE
ALBANY, FLORIDA

500138238805
11/24/08--01058--014 **308.75

REINSTATEMENT 07-08
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 05/20/99

5. FEI Number
650920591

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.