

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

1062  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000050413

1. Corporation Name

Anthony's Limousine & Airport Service

2. Principal Office Address

6845 NW 11th Place

3. Mailing Office Address

6845 NW 11th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantatio, Florida

City & State

Plantation, Florida

Zip

33313

Country

USA

Zip

33313

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/4/99

5. FEI Number

65-0924056

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lashbrook & Wollard, P.A.

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

4481 Stirling Road

Suite, Apt. #, Etc.

City

Fort Lauderdale,

State  
FL

Zip Code  
33314

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

DRU LASHBROOK

REGISTERED AGENT MUST SIGN

Date

3-12-01

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
PSTD	Plaia, Thomas A.	6845 NW 11th Place	Plantation, FL 33313
			LS

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:

Thomas Plaia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

Date

Daytime Phone #

CR2E081 (9/00)

2012

**DRU D. LASHBROOK & ASSOCIATES, P.A.**  
**CERTIFIED PUBLIC ACCOUNTANTS**

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Dru D. Lashbrook, CPA  
Brian H. Wollard, CPA  
David J. Fasano, CPA, MBA  
Dean R. Lashbrook

*Member of the  
Florida Institute of  
Certified Public Accountants*

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Fort Lauderdale, Florida 33314  
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March 13, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Anthony's Limousine & Airport Service**  
**Document # P99000050413**

To Whom It May Concern:

We are the Certified Public Accountants for the above referenced corporation. We contacted the Division of Corporations because our client informed us that the corporation was showing an inactive status.

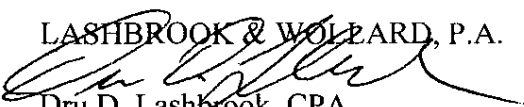
His original 2000 Uniform Business Report was sent in with a check in the amount of \$150.00 in a timely manner. Your office shows no record of this report ever being received, nor has your office ever contacted him.

He was told that if he mailed in the re-instatement application along with a check for \$300.00 for the years 2000 & 2001, the late fees would be waived.

Enclosed, is his check for \$300.00 and the re-instatement application, and we are respectfully requesting the late fees be waived for reasonable cause. Thank you for your help in this matter.

Sincerely,

LASHBROOK & WOLLARD, P.A.

  
Dru D. Lashbrook, CPA  
for the firm

DDL/keb  
Enclosures