

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

APPLICATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 21 PM 5:02

DOCUMENT # P99000072150

1. Corporation Name

E M LIMOUSINE SERVICE, INC.

Principal Place of Business

2423 W. OAKRIDGE RD.
ORLANDO FL 32809-3717

Mailing Address

2423 W. OAKRIDGE RD.
ORLANDO FL 32809-3717



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

117 cattail ct

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

FL

Zip

34743

Country

Orange

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/06/1999

5. FEI Number

59-3590965

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	EzzAT Menias	117 cattail ct	KISSIMMEE FL 34743
VIC President	Nahed Menias	117 cattail ct	KISSIMMEE FL 34743

8. Name and Address of Current Registered Agent

MENIAS, EZZAT
2423 W. OAKRIDGE RD.
ORLANDO FL 32809-3717

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

3000003479103

-11/28/00--01102--013

*****0.75 *****0.75

FL

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/16/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2000

Date

Daytime Phone #

CR2E040 (8/00)

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Mr. Sean Toner:

I have been trying sence July to get someone from your office to send me the application for renewall of my business liscences for E M Limousine service, INC. In this time I made two attempts to pay the renewall fee. I sent a letter stating that I had not yet received the renewall application and enclosed in this letter a check for the amount due, each time I sent this letter I received a letter from your office with my check enclosed stating that your office could not take payment without the renewall paper, the second time I sent the letter with the check in I did not receive a reply from your office untill the twenty-eight of September and the time to renew my liscence expired the twenty-second of September. I have tried calling your office several times from the month of July trying to get someone to send me the renewall application, the last time I spoke to someone from your office was a month before my renewall time would expire. I was assured that the renewall form would be sent to me before my time would expire I never received anything from your office other than a reinstatement letter. I was ask to wright this documentation of my attempts with your assurance the reinstatement fee would be waived.

Thank You,
President of E M Limousine

service, INC

Ezzat Menias

Letter No 000A 00051052
850 487 6027 Take To Machail
850 487 6028 " " To Stacy
850 487 6823 " " Lasceley
850 487 6952 " " Dabbay
6950

and other people I do not know the name Justin's hivers and more