

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 24 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078578

1. Corporation Name

WHERE TO LIMOUSINE, INC.

2. Principal Office Address

365 NE 174 Street

Suite, Apt. #, etc.

City & State

N. Miami Bch, FL

Zip
33162

Country
US

3. Mailing Office Address

365 NE 174 Street

Suite, Apt. #, etc.

City & State

N. Miami Bch, FL

Zip
33162

Country
US

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/30/99

5. FEI Number

650963035

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

Tomas E. Mendez

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

365 NE 174 Street

Suite, Apt. #, Etc.

City

North Miami Beach

State
FL

Zip Code
33162

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

Tomas Mendez
REGISTERED AGENT MUST SIGN

Date 3/21/03

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
PTSD	Tomas E. Mendez	365 NE 174 Street	N. Miami Bch, FL 33162

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:

Tomas Mendez TOMAS E. MENDEZ 3/21/03 786285-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2081 (10/02)