

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 NOV 19 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99006099401

1. Corporation Name  
Sunrise Limo & Sedan Services Inc.

13899 Biscayne Blvd  
13899 Biscayne Blvd

2. Principal Office Address  
13899 Biscayne Blvd

3. Mailing Office Address  
13899 Biscayne Blvd

Suite, Apt. #, etc.  
222

Suite, Apt. #, etc.  
222

City & State  
North Miami, Florida

City & State  
North Miami, Florida

Zip Country  
33181 USA

Zip Country  
33181 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number Applied For  
65-0963003 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 00-04

7. Name and Address of Current Registered Agent

Name  
Naby V. D'Metayer

Street Address (P.O. Box Number is Not Acceptable)  
13899 Biscayne Blvd

Suite, Apt. #, Etc.  
222

City  
North Miami

State Zip Code  
FL 33181

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 Naby D'Metayer  
REGISTERED AGENT MUST SIGN

Date 11-18-04

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
PRE	NABY V. D'METAYER	13899 BISCAYNE BLVD. 222	NORTH MIAMI FLORIDA 33181
VPRE	DEAN GRAY	13899 BISCAYNE BLVD. 222	NORTH MIAMI FLORIDA 33181

900043220969  
12/06/04--01069--015 \*\*750.00

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: Naby D'Metayer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E081 (01/04)

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# Sunrise Limo & Sedan Service, Inc

13899 Biscayne Blvd, Suite 222  
North Miami Beach, FL 33181

Telephone (305) 341-3425  
Fax (305) 341-3426

**VIA FACSIMILE 850 222 1222**

State of Florida  
Reinstatement Division  
c/o Capital Connections  
Tallahassee, Florida

**Re: Reinstatement of Sunrise Limo & Sedan Service, Waiver of certain fees**

To Whom It May Concern::

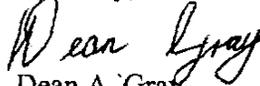
Sunrise Limo & Sedan Service, Inc. never received the annual filing report for the 2000-2001 reporting period and thus was unable to file annual report within the required time.

We are therefore requesting that the late and similar fees be waived, and the standard fees be applied and the corporation reinstated.

In addition, the FEI number is 65-0963003

Should you have any questions or require additional information, please do not hcsitate to call.

Sincerely,



Dean A. Gray  
Vice President

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 NOV 19 AM 11:04

FILED