

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL 15 PM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099401

1. Corporation Name

SUNRISE LIMO & SEDAN SERVICE INC

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

3389 SHERIDAN ST

3. Mailing Office Address

Suite, Apt. #, etc.

182

Suite, Apt. #, etc.

City & State

HOLLYWOOD

City & State

Zip

33021

Country

USA

Zip

Country

400158557414
07/15/09--01048--008 **308.75
REINSTATEMENT
GR2E081(12/08)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0963003

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
WILLIAMCEAU QUERY

Street Address (P.O. Box Number is Not Acceptable)
3389 SHERIDAN STREET

Suite, Apt. #, Etc.
STE 182

City
HOLLYWOOD

State Zip Code
FL 33021

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.

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

REGISTERED AGENT MUST SIGN

Date 7-07-2009

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
PV	QUERY WILLIAMCEAU	3389 SHERIDAN STREET, 182	HOLLYWOOD, FL 33021
CFO	INAYAT ALI	3389 SHERIDAN STREET, 182	HOLLYWOOD, FL 33021

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-07-2009

Date

PH# 561-839-9472

Daytime Phone #

Mailed JUL 15 2009