

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 21 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106290

1. Corporation Name

AMBASSADOR LIMOUSINE CORPORATION

2. Principal Office Address

9615 GULF BLVD. ~~800000~~

Suite, Apt. #, etc.

SUITE 402

City & State

TREASURE ISLAND, FL

Zip

33706

Country

USA

3. Mailing Office Address

SAME 9615 GULF BLVD

Suite, Apt. #, etc.

SUITE 402

City & State

TREASURE ISLAND

Zip

33706

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

DEC 6, 1999

5. FEI Number

59-3674180

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

DAVID R. BAIER

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

9615 GULF BLVD

Suite, Apt. #, Etc.

SUITE 402

City

TREASURE ISLAND

100003521401-3

-01/03/01--01025--09

\*\*\*150.00 \*\*\*150.00

State

FL

Zip Code

33706

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

David R. Baier

Date 12-21-00

REGISTERED AGENT MUST SIGN

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
PRESIDENT	DAVID R. BAIER	9615 GULF BLVD SUITE 402	TREASURE ISLAND, FL 33706
			DUYBE 18

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:

David R. Baier

DAVID R. BAIER

12-21-00

813-748-1466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Dear Sirs,

I did not receive any notices for the year 2000. Please waive the late charges.

Sincerely yours,  
David R. Baier, President

Sign: David R. Baier

Date: 12-21-00