
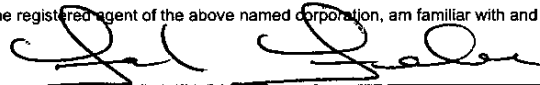
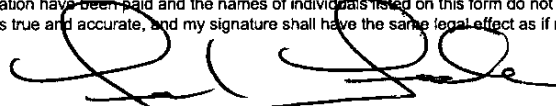


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V69020			
1. Corporation Name Felice Limousine INC			
2. Principal Office Address 2846 GRASSLANDS DR	3. Mailing Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State LAKELAND, FL	City & State		
Zip 33803	Country US	Country	
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 1998?	
Name FRANK FELICE		5. FEI Number 59-3147952 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) 2846 GRASSLANDS DR		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Suite, Apt. #, Etc.			
City LAKELAND		State FL Zip Code 33803	
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 		Date 10/31/05	
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
PRES	FRANK FELICE	2846 GRASSLANDS DR	LAKELAND, FL 33803
			400061947614 12/08/05--01008--012 **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: 		Date 10/31/05 Daytime Phone # (863) 8025466	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Felice Limousine, Inc.

10/31/05

TO: DIVISION of Corporations
(REINSTATEMENT)

FM: FRANK FELICE

I DID NOT RECEIVE MY
RENEWAL CORP FOR FELICE LIMOUSINE
FEI#59-3147952 IN 2001 DUE TO
ADDRESS CHANGE WHICH WE CONTACTED
YOUR OFFICE. IN 2003 WE
WERE ALSO AFFECTED BY THE
HURRICANE WHICH I LOST MY
HOUSE & BUSINESS. THE NEW
ADDRESS IS ON THE REF#V69020.
PER OUR CONVERSATIONS I AM ENCLOSED
A CHECK FOR \$750⁰⁰ TO BE REINSTATED

THANK
You!

