PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	05 APR -1 AVIII: 27
DOCUMENT # P03000	039682	I_{ij}^{ij}
A-1 CHOICE AUTO	X TRANSPORTATION	04-05
2. Principal Office Address 1806 ANN 19 ST	3. Mailing Office Address	derniotatemaen 4
1806 NW 19 ST Suite, Apt, #, etc.	P 0 B0x 9546 Suite, Apt. #, etc.	543-04-9591 013 15 05
		4. Date Incorporated or Qualified To Do Business in Florida 4/2//03
City & State FT LAUDERDALE FL	FT · LAUDERDALE	5. FEI Number Applied For
Zip Country	Zip Country	6. SR75 Additional Fee required
33311	33311	for a Certificate of Status
Name	7. Name and Address of Current Register	red Agent
ALADE OLOPADE		
Street Address (P.O. Box Number is Not Acceptable) 5020 MW 17 STREET		
Suite, Apt. #, Etc.		
City LAUDERHILL		State Zip Code 73313
8. I, being appointed the registered agept of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of A COONTRO		
Registered Agent Date Date		biligations of section 607.0505 or 617.0503, F.S. Date 3-2805
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
Numer Alane Olanas	e 5020 NW 195TREET	Luderhy HA 33313
Secretary Linda Byrd Olg	ORDE 5020 NW 1951	
recently Linda Dyrd Olog	OADE 5020 NW 1957	Naudelly HA 33313
		90005050000
		04/ 3/0501004008 **150.00
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: 3-2801 754 - 246 - 7240 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

A-1 CHOICE AUTO & TRANSPORTATION 1806 N W 19 ST FT LAUDERDALE FL 33311 MAILING: P O BOX 9546 FT LAUDERDALE FL 33311

DEAR SIR,

RECENTLY WE HAD APPLIED FOR A OCCUPATION LICENCE TO DO DEALER AND COURIER BUSINESS WITH THE LOCAL BROWARD COUNTY TAG AGENCY. WE WERE ABLE TO OBTAIN

THE OCCUPATIONAL LICENSE, HOWEVER ONCE PRESENTED TO THE COUNTY TAG AGENCY, IT WAS DENIED. THE COUNTY AGENT WENT ONLINE AND WE WERE ADVISED THAT OUR COOPERATION LICENSE HAD BEEN CANCELLED.

THIS WAS PUZZLING, BECAUSE THE CHECK FOR \$150.00 WAS SENT TO RENEW THE COOPERATION FOR A-1 CHOICE AUTO & TRANSPORTATION AND AS WELL AS THE \$150.000 RENEWAL FEE FOR OUR OTHER BUSINESS A AABLE CHOICE INSURANCE & TAGS.

I DON'T UNDERSTAND HOW ONE COOPERATION WAS RENEWED (A AABLE CHOICE INSURANCE & TAGS) AND THE OTHER ONE WAS NOT RENEWED (A-1 CHOICE AUTO & TRANSPORTATION) AS BOTH RENEWAL FEES OF \$150.00 EACH WERE PAID AND MAILED AT THE SAME TIME.

TODAY, I WAS INFORMED THAT THERE WAS A PROBLEM WITH THE FEIN NUMBER WHICH WE NEVER RECEIVED ANY OTHER NOTIFICATION REGARDING THIS MATTER UNTIL OUR CALL TODAY. I, ALADE OLOPADE, OWNER IS REQUESTING CONSIDERATION FOR REINSTATEMENT OF THE COOPERATION LICENSE AFTER YOUR REVIEW.

PLEASE NOTE WE NOW HAVE A LOCKED MAIL BOX AND NO ONE HAS THE KEYS WITH EXCEPTION OF OUR ASSOCIATES OF THIS COMPANY. WE HAVE AS WELL A MAILING ADDRESS OF

A-1 CHOICE AUTO & TRANSPORTATION
 P O BOX 9546
 FT LAUDERDALE FL 33311

PLEASE REVIEW AND ADVIDE FURTHER. IN ADDITION, PLEASE FIND CHECK FOR RENEWAL FOR 2005-2006 IF REINSTATEMENT IS GRANTED AFTER YOUR REVIEW.

RESPECTFULLY.

A. OLOPADE MGR/PRINCIPLE