PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 04 NOV -9 AM 8:00
DOCUMENT # P9300	00080360	5. 00
	COMOTIVE SERVICE INC	
		REINSTATEMENT 24
2. Principal Office Address	3. Mailing Office Address	P. THEO WICHIEM!
OGS HILLSBORD MILE Suite, Apt. #, etc.	Suite, Apt. #, etc.	MRD
APT #-206	RPT # 306	4. Date Incorporated or Qualified To Do Business in Florida
HILLSBORD BEACH. FL	HILLSBORD BCH. FL	5. FEI Number Applied For
Zip Country	Zip Country	6. CERTIFICATE OF CLAVIC DECIDED S8.75 Additional Fee required
33062 USA	33062 USA	CERTIFICATE OF STATUS DESIRED (for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
EDWARD TO BRIEN		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City State Zip Code		
HILLS BORD BE	each.	FL 33062
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 Obul		
	REGISTERED AGENT MUST SIGN	
Nome of	nd/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Director	Street Address of Each S Officer and/or Director	
PRES EDWARD O'F	SRIED 1063 HILLS ROPO MI	LE #306 HILLSBORD-BCH-F1-33062-
		000042606260
	:	000042505250 11709/0401068006 **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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #		

To whom it may concern

This is my payment for Buy Rite Tieres and automotive Service for the - year 2004. I did not recieve any documents in the mail this year to tenew my business because also we have moved so I am enclosing a check for \$150.00 and would like you to waver the rest of the fees as it was a Konest nestake, of also have enclosed a copy of fast years business report and my-new additions as of-6/30/03 EDWARD & BRIEN 1063 HILLSBORD MILE #206 HILLSBORD BEACH, FL 33062 954784-7392