

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Pg. 1 OF 2
FILED

00 MAR 27 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
The Office of the
Secretary of State
DIVISION OF CORPORATIONS

99-00AB

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~

DOCUMENT # P97000025661

1. Corporation Name
DOMINICAN RECORD SHOP, INC.

Principal Place of Business: 813 S. DIXIE HIGHWAY WEST, POMPANO BEACH FL 33060
Mailing Address: 813 S. DIXIE HIGHWAY WEST, POMPANO BEACH FL 33060



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: 801 S DIXIE HIGHWAY, Pompano Beach, FLORIDA, 33060
3. New Mailing Office Address, If Applicable: Suite, Apt. #, etc.
4. Date Incorporated or Qualified To Do Business in Florida: 03/21/1997
5. FEI Number: 65-0736762
6. CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSD	REYES, JAIRO Z	813 S DIXIE HIGHWAY	POMPANO BCH FL 33060
			500003196035--9 -04/04/00--01102--010 ****300.00 ****300.00
			500003196035--9 -04/04/00--01102--011 *****8.75- *****8.75
			500003196035--9 -04/04/00--01102--012 *****8.75 *****8.75

8. Name and Address of Current Registered Agent: REYES, JAIRO Z, 813 S DIXIE HIGHWAY, POMPANO BEACH FL 33060
9. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, Etc., City, State (FL), Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: SIGNATURE REQUIRED
Date: 10- - 1999
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10- 1999
Daytime Phone #: 7855944
KE

CR2ED40 (8/96)

Pompano Beach March 15, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

REF. 3 P97000025661

In reference to my APPLICATION FOR REINSTATEMENT of the DOMINICAN RECORD SHOP, INC. Corporation that was denied by your office, I must let you know that I brought the corporation on April 1999. For that reason I did not receive any annual reports of the corporation; please consider this letter as a written statement of the fact that I did not receive those annual reports. Therefore I am asking the waive of the reinstatement fee.

I am enclosing a check for THREE HUNDRED (\$300.00) DOLLARS, which will cover the pertinent charges.

Also I am including SEVENTEEN & 50/100 (\$17.50) DOLLARS to cover the certificates that I would obtain.

I appreciate your invaluable help.

Sincerely,

JAIRO Z. REYES



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FILED pg. 1 of 2

9900 AR

FLORIDA DEPARTMENT OF STATE
 CORPORATION REINSTATEMENT
 KATHLEEN MORRIS
 Secretary of State
 DIVISION OF CORPORATIONS

00 MAR 27 PM 3:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F08252
 1. Corporation Name
 Key Rental of Florida, Inc

500003196145-6
 -04/04/00--01103--026
 ***300.00 ***300.00

2. Principal Office Address
 2205-F Grant Ave
 Suite, Apt. #, etc. F
 City & State Panama City Fla
 Zip 32405 Country BAY

3. Mailing Office Address
 2205-F Grant Ave
 Suite, Apt. #, etc. F
 City & State Panama City Fla
 Zip 32405 Country BAY

4. Date Incorporated or Qualified To Do Business in Florida 12-08-1980
 5. FEI Number 59-2046988 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 Charlotte-ann Filloramo
 Street Address (P.O. Box Number is Not Acceptable) 4035 Napoli Road LS
 Suite, Apt. #, Etc. Panama City, Fla 32405
 City Panama City State FL Zip Code 32405

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 Charlotte-ann Filloramo Date 3-28-00
 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
Y-P-D	John I Vasta	929 Andrew Circle	Panama City Fla 32405
P-C	Claudia V Filloramo	2205-F Grant Ave	Panama City Fla 32405
S-T-D	Charlotte-ann Filloramo	4035 Napoli Road	Panama City Fla 32405

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: Claudia V. Filloramo Date 3-28-00 Daytime Phone # 850-785-3000

CR2E081 (9/99)



Key Rental of Florida, Inc.

FILLORAMO ENTERPRISES

Rent-A-RockTM

Rental Consultants

2205-F Grant Ave.
Panama City, FL 32405

Corporate Office
(904) 850-3000

March 28, 2000

DEPT. OF STATE
Div. of Corporation
P. O. Box 6327
Tallahassee, FL 32314

ATTN: Leslie Sellers

RE: #59-2046988

Dear Ms. Sellers:

Enclosed find check #24243 in the amount of \$300.00. Per our conversations (yours & mine) with Julian Goodwin, in my local office, below is an outline of events:

- > My CPA for the past 8 years had a heart attack early April '99; but, didn't let anyone know. His 2nd heart attack was in July and after his 3rd attack in September '99, surgery was scheduled for early Dec. '99
- > Between April '99 and November '99, I was lead to believe, "*it was business as usual.*" In fact, it was not until the IRS and the Florida Department of Revenue contacted me that I began to realize the extent of his health problems, how long it had actually been going on, all the tasks he left unattended, and the problems of doing business with a one-man-company. Not even a secretary to answer any questions or take a message.
- > My CPA was completely unavailable for five (5) months and now can't seem to find any of my records. The man is extremely ill and not lucid most of the time. Fortunately, I was able to obtain other assistance with the Intangible Audit and it is being resolved. Since I could obtain no records, I had no choice but to pay the IRS in full.

I have always depended on my CPA to file all necessary papers, forms and taxes. After consulting with another accountant, I came away with a list of things to check and make sure were completed (i.e., filing Corporate and State extensions, filing the 2000 Uniform Business Report) much to my horror, I had no '99 copy or my CPA had it with his missing files. I called Julian Goodwin, local office, to obtain the answer to find it had not been filed. I would appreciate your understanding and assistance in resolving this issue and waving the \$900.00 fee. Enclosed are my reports for 1999 & 2000.

Thank you in advance,

Claudia V. Filloramo

cc: Julian Goodwin
Via Fax 872-7716

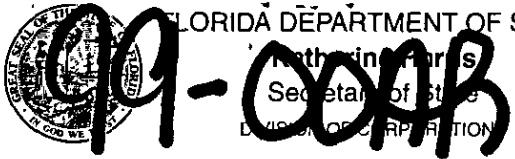
Rent-to-own

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Attachment

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

00 MAR 27 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Matthew Harris
Secretary of State
DIVISION OF CORPORATION

~~CORPORATION~~
~~REINSTATEMENT~~

DOCUMENT # P97000059740

1. Corporation Name

KAREN KAY, INC.

600003196136--4
-04/04/00--01103--021
****300.00 ****300.00...

2. Principal Office Address

411 17th Ave W

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Palmetto FL

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/97

5. FEI Number

65-0776264

Applied For

Not Applicable

Zip

34221

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KAREN K. SOPAK

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

411 17th Ave W

Suite, Apt. #, Etc.

City

Palmetto

State

FL

Zip Code

34221

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

Karen K Sopak
REGISTERED AGENT MUST SIGN

Date 3/23/00

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
PO	SOPAK, KAREN	411 17th Ave W.	Palmetto, FL 34221
			KE

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:

Karen K Sopak KAREN K. SOPAK

Date

3/23/00

Daytime Phone #

941-722-7094

CR2E081 (9/99)

3/23/2000

To: The State of Florida

From: Karen K. Sopak
411 17th Ave. W.
Palmetto, FL 34221

Re: Corporation Reinstatement
Karen Kay, Inc.
FEI# 65-0776264

To whom this may concern,

I am writing to ask or beg for reinstatement of my corporation, Karen Kay, Inc. and waiving any late fees or penalties. Early in 1999 I was taken gravely ill and ended up in a life-threatening situation. I was ultimately hospitalized and under went extensive surgery. Once under sedation, it became quickly evident that my internal problems were well beyond that of my doctor's earlier expectations. My complications left me with a damaged colon that led to a colostomy. Emerging from surgery, I was on a ventilator and fighting an extremely elevated white blood count. In fact, I had been slowly dying from Perientitis unknown to anyone. The subsequent surgery was necessary to access the condition on my colon, remove the last ill-affected portion and reverse the colostomy itself (pray you will never have to personally experience such a situation). Following that major surgery and hospital stay I went through yet another recovery period. Overall my combined recoveries were quite prolonged and I remained under Doctor's care until the latter part of 1999. It has only been in the last 8 weeks or so that I have been what I would liken to that of "my old self". And of course in the mean time, I finally received notification of my corporations' dissolution based on lack of payment of the annual fees. This was something I thought my attorney was handling but as it turns out he didn't even have my address correct nor was he tending my corporation's legal health and standing. I decided to take action rather than wait another day for the attorney to return my calls and risk further negative impact on my status. In all sincerity, I ask that you please accept my apologies for being delinquent and kindly reinstate Karen Kay, Inc. to a current operating status. In optimistic anticipation of your favorable reply, I am enclosing a check for each the 1999 & 2000 fee's totaling \$300.00.

I can easily document my past years health history if that would be of any value to you.
Thank you for your consideration.

Karen K. Sopak
President, Karen Kay, Inc.