

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 AUG 21 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

997000068381

1. Corporation Name

Amato and Sons Inc.

*are address to:* ~~7084 S. Shore Dr. So. Pasadena address is wrong!~~

3926 W. Osborne Ave.

3926 W. Osborne Ave.

Tampa, FL 33614

Tampa, FL 33614

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

2. New Principal Office Address, If Applicable 3926 W. Osborne Ave. Suite, Apt. #, etc. City & State Tampa, FL Zip 33614 Country USA		3. New Mailing Office Address, If Applicable 3926 W. Osborne Ave. Suite, Apt. #, etc. City & State Tampa, FL Zip 33614 Country USA		4. Date Incorporated or Qualified Do Business in Florida 8/1/97	
5. FEI Number 59-3464520				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)					
1	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	Natale T. Amato	7084 S. Shore Dr.	So. Pasadena, FL 33707		
VP	Charles Amato	"	"		
S	Deborah Amato	"	"		
Per conversation with Charles Amato					
8/24 B. AR 98 AR					

8. Name and Address of Current Registered Agent Natale T. Amato 7084 S. Shore Dr. So. Pasadena, FL 33707		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			
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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 \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: Natale T. Amato 8/1/98 813-872-0525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E000 (1-98)

Amato and Sons Inc.  
d/b/a Ray's Automotive  
3926 W. Osborne Ave.  
Tampa, FL 33614

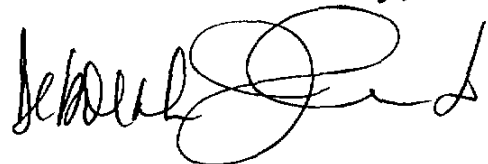
August 1, 1998

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Attention Department of State / Division of Corporations,

This is our first year of incorporation status. It has been brought to my attention that we must renew our status each year. I was not quite sure why we did not receive our forms to fill out. I called your office to request the proper forms and the gentleman (thampton) told me he would send them. Please review your information and be sure our address is corrected to the above address on this letter which I have also included on the forms. I have enclosed a check of \$158.75. The additional \$8.75 is for a Certificate of Status, I also want to make sure you have our correct address so we can avoid future problems.

Sincerely,

A handwritten signature in black ink, appearing to read "Deborah J. Amato". The signature is fluid and cursive, with a large loop at the end.

Deborah J. Amato / Sec.