في لد 4	PLEASE READ	ALL INST	RUCTION	IS BEFORE C	OMPLETI	NG THIS FORM.		
API • REIN	A A A A B B B B B B B B B B	FLORID	A DEPARTM Sandra B. M Secretary c	MENT OF STATE lortham of State				
DOCUMENT # \(\int \(\lambda \) \(\lambda \)								
1. Corporation Name					97 NOV -5 PH 4: N8			
FAUSTO'S AUTO EXCLUSIVE, INC,					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	ace of Business	Mailing Addr	ess					
	SOUTH DIXIE HIGHWAANO BEACH, FL 330		(SAME)				
If above addresses are incorrect in any way, line through incorrect information and enter c 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					Date Incorporate	oraled or Qualified		
Suite, Apt.	#, etc.	Suite, Apt. #,	Suile, Apl. #, etc.			To Do Business in Florida JANUARY 10, 1983		
City & State		City & State			5. FEI Number 59–25			
Zip	Country	Zıp	Cou	untry	6. CERTIFICATE	OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
7. Names a	and Street Addresses of Each Officer and	l/or Director (Flo	rida nonprofit com					
Title(s) 1	Name of Officers and/or Directors		3 (Do NO	Street Address of Each Officer and/or Director T Use Post Office Box N		City / State / Zip		
DPS. PRES				OUTH DIXIE	HIGHWAY	POMPANO BEACH, FL 3306		
						00002341843—4 -11/07/9701092008 ****\$550.00 ****\$550.00		
	8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
FABBRI, FAUSTO				Name				
530 SOUTH DIXIE HIGHWAY POMPANO BEACH, FL 33060				<u> </u>	Street Address (P.O. Box Number is Not Acceptable)			
·				Suite, Apt. #, Etc.				
10. I, being appointed the registered agent of the above named corporation, am familiar with					FL			
Signature of Registered	Agent Fileto	lh	ENT MUST SIGN		mganonio bi opone	Date OCTOBER 29, 1997		
11. Do De	es this corporation pay a pt. of Revenue under S.	any intang 199.032,	ible tax to Florida Sta	the atutes. Yes [X No [(See other side for information on intangible tax.)		
this reins owed by	tatement application, the reason for disse	olution has been names <mark>of</mark> individu	eliminated, the co uals listed on this	rporate name satisfies t form do not qualify for a	he requirements on n exemption und	oter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees er section 119.07(3)(i), F.S. The information indicated		
SIGNAT	URE: FAUSTO FABBRI	INTED NAME OF S	IGNING OFFICER O	or director		10-29-97 (954)785-559 Date Daylime Phone #		

. Daytime Phone #



FAUSTO'S AUTO EXCLUSIVE, INC 530 South Dixie Highway Pompano Beach, F1 33060

Florida Department of State Division of Corporations P O Box 6327 Tallahasssee, Fl 32314

建新原本金 海河

A Company

October 29, 1997

Ref: Fausto's Auto Exclusive, Inc FEI # 59-2580124

On October 23, 1997 we had occasion to talk with, first, Robin and, afterward, with Andy concerning the filling of our 1997 Corporation Annual Report.

We explained to these two gentlemen that we had not received any documents from the Florida Department of State for this filling, hence, the purpose of our telphone inquiry of October 23, 1997. For that matter we have not received any documents related to the Annual Report at the time of this writing.

Bothe Robin and Andy were helpful and it was suggested we should file an Application for Reinstatement, the form for which we are submitting with this letter.

In prior years Fausto's Auto Exclusive, Inc has submitted its Annual Report filling in a timely fashion. This year's tardiness is a result of non-receipt of the forms from your office. The receipt of the documents for the filling of this report has triggered our response and filling in the past. We have no explanation for the non-receipt of the forms, other than the address we provided for the mailing of the Application for Reinstatement was slightly different from the one on record with your office. Notwithstanding, we did receive this application and did not receive the Annual Report document.

In view of this situation we request your consideration to waive any penalties related to dissolution and reinstatement of our corporation. We believe the Annual Report filling fee of \$550,00 is justified under the circumstances highlighted above. Accordingly, we are submitting our check for \$550.00 along with the Application for Reinstatement.

Thank you for your attention to this matter.

Fausto Fabbri

Fausto' Auto Exclusive, Inc