## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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Suite, Apt. #, etc. 220			Suite, Apt. #, etc.			4. Date Incom	porated or	Qualified	08/24/		DI	7
City & State Miami, Fl			City & State			5. FEI Numbe				Appl	ied For Applicable	{
Zip 33184		Country	Zip		Country	6. CERTIFICATI				Additional F a Certificate	ee required	
			7. N	lame and A	ddress of Current Registe	ered Agent						
٠,	Name Lorie, Rolando											
	Street Address (P.O. Box Number is Not Acceptable) 13800 Southwest 8 Street											
	Suite, Apt. #, Etc. 220											
	City Mia			State Zip Code FL 33184					<b>■</b> Ω			
<b>8.</b> 1, being	appointed the	registered agent of the abo	ove named corpo	ration, am t	amiliar with and accept the	obligations of sect	on 607.05	05 or 617	.0503, F.S.			(10/02
Signature of Registered Agent REGISTERED AGENT N				ENT MICT	UT MUST CION			Date 07/07/2003				CR2E081 (10/02
Q Names	and Street As	<del></del>				lagest 3 dispetators)						ľ
Titles	s and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip						
PSTD	Lorie, Rolando			13800 Southwest 8 Street #220		#220	Miami, Fl 33184					
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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 filling 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:

Louce

07/07/2003 305-227-4002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



## PILLO'S MAINTENANCE & REPAIR CORP.

TO WHOM IT MAY CONCERN: TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2002 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY

ROLANDO LORIE PRESIDENT