


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 JAN 24 PM 12:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P01000069940</u>					
1. Corporation Name FLA RENTAL, INC					
2. Principal Office Address 8417 NW 23 MANOR			3. Mailing Office Address 8417 NW 23 MANOR		
Suite, Apt. #, etc. EAST			Suite, Apt. #, etc. EAST		
City & State CORAL SPRINGS FL			City & State CORAL SPRINGS FL		
Zip 33065	Country USA	Zip 33065	Country USA	4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 651-12-1935				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$0.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name BLACK, LAWRENCE E					
Street Address (P.O. Box Number is Not Acceptable) 3328 NE 33RD STREET					
Suite, Apt. #, Etc.					
City FORT LAUDERDALE				State FL	Zip Code 33308
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 <u>Lawrence E. Black</u>				Date <u>12/31/02</u>	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PD	BUTLER, JASON B	8417 NW 23 MANOR	CORAL SPRINGS, FL 33065		
ST	BUTLER, STACY J	8417 NW 23 MANOR	CORAL SPRINGS, FL 33065		
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: <u>Jason B Butler</u>				Date <u>12-31-02</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>(954)255-8448</u>	

CPS1001 (2001)

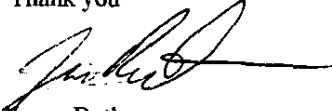
01/12/03

To whom it may concern

Re: Fla Rental Inc

We completed a Profit Uniform Business Report/Annual Report, and mailed it prior to May 1st. We also completed a change of address on that form because we would be moving from that address. We did not receive a notice at our new address that our report had not been filed. During our year end check we saw our company had been placed in a status of INACT/UA. We contacted your office and they advised us to complete a new Profit Uniform Business Report/Annual Report and pay a filing fee of 150.00. We have enclosed the report and a check for the listed amount. We have completed a new report and have all blocks signed.

Thank you



Jason Butler
Fla Rental Inc



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 8, 2003

FLA RENTAL, INC.
8417 NW 23RD MANOR
EAST
CORAL SPRINGS, FL 33065

SUBJECT: FLA RENTAL, INC.
Ref. Number: P01000069940

We have received your document for FLA RENTAL, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current year annual report/uniform business report and fees are now due as of January 1st. Please submit the enclosed current year annual report/uniform business report and proper fees due for this year.

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please sign and return the enclosed letter.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 903A00000996