DOCUMENT # P01000110312\_



FILED

1. Entity Name	(000 (1000 )		SECRETARY OF DIVISION OF COR	F SPATE PORAMBUS
Sagittarius Transmi	ssion. Inc.			
Automotive Mainten		THE WEST	03 MAY ] 3 P	M 4: 18
	RITE IN THIS S	SPACE		
2. Principal Place of Business	Principal Place of Business 3. Mailing Address		÷	
721 NW 7th Terrace				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE
City & State Ft, Lauderdale, Flori	City & State		4. FEI Number 65-1152628	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
_33311usa			7. Name and Address of Current Registere	
	an maganatan matana sa matana mata	Name PA1	PITO RIGGY	
DO NO	TWRITE	Street Address (	P.O. Box Number is Not Acceptable)	
IN THIS	SPACE		100 / TERRY	
and the second of the second o		City		Zio Codo
			LAUDERDALE FI	
<ol> <li>The above named entity submits this state the obligations of registered agent.</li> </ol>	stement for the purpose of changing	its registered office or register	ed agent, or both, in the State of Florida. I am	familiar with, and accept
			15/10/0	7
		NOTE: Registered Agent signature required	when reinstating) DATE	
January 1 - May 1 Fee is \$1 After May 1, Fee is \$550.6 Amended UBR is \$61.2 Make Check Payable to Florida Depar	90 ±		9. Election Campaign Financing Trust Fund Contribution.  [	\$5.00 May Be Added to Fees
	ERS AND DIRECTORS	(4) 100 5 12 200 8 15 15 15 15 15 15 15 15 15 15 15 15 15		等。 第二章
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TITLE NAME PAPTTORIC STREET ADDRESS 771 NW 73 CITY-ST-ZIP FT. LAUD	NT 184 EN 333/1	TITLE NAME STREET ADDRESS . CITY-ST-ZIP	4000136952 05/16/0301080005	especial of the rent transported a season record of
TITLE SECUTARY  NAME JAMES  STREET ADDRESS 471 SW 22  CITY-ST-ZIP + FT LAUD	IDHNSON AVE FLA 333/2	TITLE MAME STREET ADDRESS CITY: ST-ZP	DO NOT WRI	
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<ol> <li>I hereby certify that the information sup indicated on this report or supplementa</li> </ol>	plied with this filing does not qualify I report is true and accurate and the	at my signature shall have the s	ction 119.07(3)(i), Florida Statutes. I further ce same legal effect as if made under oath; that I 07, Florida Statutes; and that my name appear	am an officer or director

IGNING OFFICER OR DIRECTOR

Do Not Separate

SAGITTARIUS TRANSMISSION, INC.

Automotive Maintenance 721 NW 7<sup>th</sup> Terrace Fort Lauderdale, FL 33311 Office: (954) 768-0066

Fax: (954) 768-9416

April 10, 2003

Patricia G. Bailey Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Reinstatement of Sagittarius Transmission & Automotive Maintenance, Inc. DOC # P01000110312

Dear Ms. Bailey:

I did not receive the notice that advised me of a returned check and your intent to administratively dissolve in 60 days. Therefore, I am requesting a waiver of the reinstatement fee and penalty. Thank you.

Sincerely,

LEE RIGBY