

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000124036**

1. Corporation Name

PASCO TRANSMISSIONS INC.

Principal Place of Business

Mailing Address

15036 U.S. HIGHWAY #19 NORTH
HUDSON FL 34667

15036 U.S. HIGHWAY #19 NORTH
HUDSON FL 34667

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FERRERO, GAETANO	15036 U.S. HIGHWAY #19 NORTH	HUDSON FL 34667

500024024235
10/22/03--01067--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERREO, GAETANO
15036 U.S. HIGHWAY #19 NORTH
HUDSON FL 34667

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10-17-03

11. 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-869-7901
10-17-03

CR2E040 (7/03)

October 16, 2003

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302- 1500

Re: Pasco Transmissions
Document # P-02000124036


To whom it concerns:

I recently received a notice that my company was being dissolved by the State and in order to keep it active need to pay \$ 750.00. I don't have that kind of extra money. I run a small business and am just trying to keep ahead.

I have been missing a number of pieces of mail, this is the first notice I received from the Dept. of State – Division of Corporations.

I have enclosed a check for \$ 150.00 and request you wave the additional late filing fee of \$ 600.00.

Thank you for your consideration in this matter.


Guy Ferrero
President - Pasco Transmissions Inc.
15036 U.S. Highway # 19 N
Hudson, FL 34667