

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION**  
**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000127508

1. Corporation Name

AND 1 FLEET SERVICES, INC.

2. Principal Office Address

6170 HAWKES BLUFF AVE.

Suite, Apt. #, etc.

City & State

DAVIE, FL.

Zip

33331

Country

BROWARD

3. Mailing Office Address

P. O. BOX 297287

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL.

Zip

33029

Country

BROWARD

FILED

03 FEB -4 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900012794639  
02/19/03--01086--005 \*\*158.75

4. Date Incorporated or Qualified  
To Do Business in Florida

11/27/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHITIVA, HECTOR

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

2334 NW 193 AVE.

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 01/28/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CHITIVA, HECTOR	2334 NW 193 AVE.	PEMBROKE PINES, FL. 33029

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/03

Date

(954)240-8757

Daytime Phone #

CR2E081 (10/02)

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**AND 1 FLEET SERVICES, INC.**

6170 HAWKES BLUFF AVE

DAVIE, FL. 33331

Phone (954) 240-8757

Fax (954) 989-5635

January 28, 2003

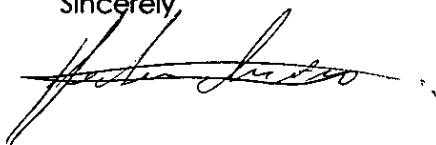
Dear Florida Department of State.

I Hector Chitiva paid Finance Associates locate at 6707 sterling Road a fee to open a corporation but when it was time to use the corporation I saw the address was wrong so called (850) 245-6059 at the restatement corporation department in Tallahassee and they told to download an application, write a letter with explaining the change and to give the address and the mailing address .

Thank You for you help and I'm also including a payment for the (UBR) form 2003 which I did not received do to the address being incorrect.

Thank You.

Sincerely,



Chitiva, Hector