


2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P03000062988 1. Entity Name MILANO AUTO TRANSPORTATION, INC.					
Principal Place of Business 16618 DOUGLAS RD GROVELAND, FL 34736			Mailing Address 16618 DOUGLAS RD GROVELAND, FL 34736		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 45-0521977	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILANO, DENISE L 16618 DOUGLAS RD GROVELAND, FL 34736				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MILANO, RICHARD A P O BOX 272 GROVELAND, FL 34736		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400057762 Change <input checked="" type="checkbox"/> Addition 07/21/05--01069--001 **\$300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILANO, DENISE L P O BOX 272 GROVELAND, FL 34736		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Richard A Milano</u>			Date <u>7/18/05</u> Daytime Phone # <u>(407) 947-9339</u>		

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**Lou Heck Associates, Inc.
321 South Dillard Street
Winter Garden, FL 34787
(407) 656-5656**

July 18, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

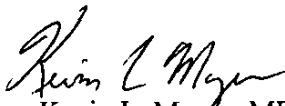
Dear Sir or Madam:

Per my telephone conversation with your representative last week, enclosed you will find a 2005 for Profit Corporation Reinstatement Form for Milano Auto Transportation, Inc., along with a check in the amount of \$300.00. The original Uniform Business Report notice was never received by my client, so we are forwarding this form and letter of explanation as directed.

The Federal ID number for Milano Auto Transportation, Inc. is 45-0521977.

Thank you for your consideration and assistance in this matter.

Sincerely,


Kevin L. Moyer, MBA
Senior Accountant