


2007 FOR PROFIT CORPORATION REINSTATEMENT

102

DOCUMENT # P05000156418

1. Entity Name
FACHE SCOOTER SHOP, INC



FILED

07 NOV 20 PM 2:46

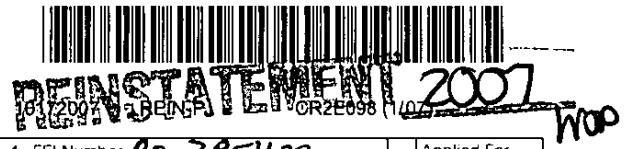
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2051 NW 27 AVE
MIAMI, FL 33142 US**

Mailing Address
**2051 NW 27 AVE
MIAMI, FL 33142 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



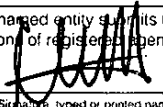
4. FEI Number **20-3854891** Applied For ☒ Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FACHE, JUAN C
2051 NW 27 AVE
MIAMI, FL 33142**

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 obligation of registered agent.

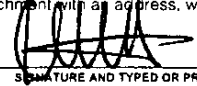
SIGNATURE  **JUAN CARLOS FACHE** DATE **10-20-2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FACHE, JUAN C 2051 NW 27 AVE MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700112633927 11/28/07--01007--011 **150.00
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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 exemptions contained in Chapter 119, 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:  **JUAN CARLOS FACHE** DATE **10/20/2007** (305) 5197904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2052

October 12, 2007

State of Florida
Division of Corporations
P. O. Box 8700
Tallahassee, FL 32314

RE: Fache Scooter Shop, Inc.
P05000156418
2007 Annual Corporation Report

Dear Sir / Madam:

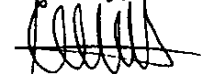
We have received today a post card NOTICE OF DISSOLUTION OR REVOCATION, thing that surprised us due to the fact that we have submittee payment thru the website of your Department.

We really failed in checking the card debit statement and any other note on your website due we accepted the fact that the internet transmission went thru without problems.

We thank the consideration to our request to avoid the charge imposed of \$ 758.75 due at this time is impossible to paid for it because the recession in our area of business.

We appreciate the consideration for the request.

Sincerely,



Juan Carlos Fache
President

Fache Scooter Shop, Inc.
2051 NW 27 Ave
Miami, FL 33142