PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
APPLICATION FLORIDA SEPARTIVE AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF T	AT CE STATE
FOR ecretary of S	Sate SIVE FILED
DOCUMENT # P980CCO 1288	98 DEC -8 AMII: NE
1. Corporation Name S.G. BUS AND AUTO SERVICES INC	STATE OF THE STATE
	027689 TALLAHASSEE, PLONIE
Principal Place of BusinessMailing Address	
1505 W. LANDSTREET ROAD ORLANDO, FLORIDA 32824	3000027117339 -12/14/98-01095-002
If above addresses are incorrect in any way, line through incorrect information and enter	*****915.00 *****915.00
New Principal Office Address, If Applicable 3. New Mailing Office Address, If	
Suite, Apt. #, etc. City & State City & State City & State	5. FEI Number Applied For
Zip Country Zip Countr	try S8.75 Additional Fee required
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corpora	rations must list at least 3 directors)
Title(s) and/or Directors Of	treet Address of Each fifteer and/or Director Use Post Office Box Numbers} 4 City / State / Zip
PRES RAMON SABATER JR. 1505 W. LANDSTREET RD ORLANDO, FL. 32824	
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12, 94-48 AZ 12/10/98	
☆	We will manage to the
	T).
8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name *
KAMON SABATER JR.	Street Address (P.O. Box Number is Not Acceptable)
ORLANDO, FL. 32824	State Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar wi	
Signature of Registered Agent X REGISTERED AGENT MUST SIGN	Date
11. This corporation pwes or has paid the current year	
Intangible Personal Property tax due June 30. Yes 🖾 No 🔲 on intangible tax.)	
12. I certify that I am an officer or director by the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further centify that when filling 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 from any accurate, and my signature shall have the same legal effect as if made under oath.	
on the application is needed according and my signature shall have the same regal enect as it made under dath.	
SIGNATURE: SIGNATURE AND TYPED OR DANNIED NAME OF SIGNING OFFICER OR	10-1-98
SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #	
	The state of the s

September 30, 1998

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

Re: Reinstatement

S.G. Bus and Auto Services Inc. 1505 W. Landstreet Road Orlando, Florida 32824

Federal ID Number: 59-3164123

Dear Sir/Madam:

We are in receipt of your letter dated September 21, 1998 regarding denial of our request for a Fictitious Name. In your letter you state that our Corporation is not active.

I contacted your office after receiving this letter and to my surprise I was informed that we have not filed an Annual Report. I had no idea of what an Annual Report was, nor had I ever received an Annual Report. I explained my situation to the person on the phone and they told me that I should mail you a completed Application for Reinstatement, a letter explaining my situation and a check in the amount of \$ 915.00 which does not include the penalties & interest. I ask you to please accept this check and remove the penalties & interest, the act of not sending you the Annual Report was not intentional, the only thing that I can imagine is that the address that you are showing for my company is incorrect, my correct address is stated above.

I would like to take this opportunity to apologize to you for this misunderstanding and as well Thank you for your cooperation and assistance. I will be awaiting your response.

Sincerely,

Ramon Sabatez