## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





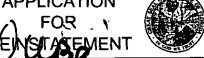
## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SLURETARY OF STATE
VISION OF CORPORATIONS

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P97000074676

1. Corporation Name

ARES & AS	SOCIATES	INCORPOR	ATED
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Principal	Place	of Bu	siness

Mailing Address

|--|

			-13914-PATHFINDER-DR TAMPA-FL-33698				
2. New Prii 404 Suite, Apt. City & State Zip 33 33	# etc. 1900 PA FL 614 Country 56 HILLS.	3. New Mailing // c c 4/ Suite, Apt. #, et City & State OOESS Zip 3355	Office Address, If Applicable RoyAL ABEAD tc.  A, A 3355 Country HILL	5. FEI Numbe  6. CERTIFICAT	59-3467307	Applied For Not Applicable  5 A Iditional Fee required or a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/o Name of Officers and/or Directors		da nonprofit corporations mu Street Addre Officer and/	ess of Each	City / Stz	ate / Zip	
PVST	ARES, RUBEN	16004 ROYAL ABORDEEN PL		EN PL	ODESSA FL 33556		
D	D ARES, RUBEN 1		16004 ROYAL ABORDEEN PL		ODESSA FL 33556		
				31	10003473 -11/21/000 ****158.75	413-4 1108-011 ****15 <b>8.76</b>	
	8. Name and Address of Current F	Registered Agent		9. Name and	Name and Address of New Registered Agent		
ARES, RUBEN AGERDEEN PL 16004 ROYAL ABORDEEN PL ODESSA FL 33625			Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				
10. I, being Signature o Registered	Agent	ve nemed corpora	REQUIR	cocept the obligations of Sec		<b>S</b>	
this rein owed by	that I am an officer or director or the receivistatement application, the reason for disso y the corporation have been paid and the napplication is true and accurate, and my signature.	lution has been e ames of individua	liminated, the corporate nan als listed on this form do not	ne satisfies the requirements qualify for an exemption ur	s of section 607.0401 or 617.04	IO1, F.S., that all fees	

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## To whom it may concern:

. Y

In reference to my expired reinstatement of my business license I wish to explain the tardiness. I apparently changed the officer and director address on my application for 1999 to my new address at 16004 Royal Aberdeen Place. I thought that would be sufficient to receive any further notices or correspondence from the state as I am the only principal agent for my corporation.

Apparently that was not sufficient as I only recently found out my license was revoked due to non payment. The notices were apparently sent to my former address at 13914 Pathfinder. Since this is now an expired forwarding order through the Postal Service I never received the applications in a timely manner. The only reason I found out of the expiration was because my tenant currently living at the residence I rent at 13914 Pathfinder received the notice of cancellation and thought I should be informed. She received this only because the substitute carrier at the Postal Service did not know that I was no longer living there and a forwarding order expired at that address. The regular carrier has been marking all other mail forwarding order expired.

I now realize I should have changed the "Principal place of Business" and "New office mailing address" block on the 1999 application and not just the office/director blocks.. I apologize for my ignorance and would greatly appreciate if your office would take this into consideration and not penalize me the late reinstatement fee. To this effect I was advised by your office to submit \$150.00 and a letter of explanation.

I hope you will accept the \$150.00 and reinstatement my license without penalty as I have corrected the necessary address blocks on my new application attached with this letter.

Thank You,

Ruben D. Ares

Ares and Associates, Inc.