PLEASE READ	ALL INST	RUCTIONS	BEFORE C	COMPLET	ING THISÆ	ORM	<del>.</del>
APPLICATION FOR	FLORIDA		NT OF STATE	7		AND FILED -4 PM 3:	
REINSTATE IE		/ISION OF CORPO	RATIONS	4	SECON	ማ ሮጠ 3:	28
DOCUMENT # <b>P97000074818</b> 1. Corporation Name				SECRETARY OF STATE FALLAHASSEE, FLORIDA			
CLASSIC ROLLS ROYCE SERV	/ICE, INC.	•	L				
Principal Place of Business Mailing Address				}			
2320 CLARK ST. UNIT 8 & 9 APOPKA FL 32703							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							
		g Office Address, if Applicable		Date Incorporated or Qualified     To Do Business in Florida     08/27/1997			
Suite, Apt. #, etc.	etc.		5. FEI Numbe		<del></del>	Applied For	
City & State City & State		_		59-	34995		Not Applicable
Zip Country	Zip	Country	,		E OF STATUS DESIRE	\$8.75 Add for a Cer	tional Fee required tificate of Status
7. Names and Street Addresses of Each Officer and/o	or Director (Florid	<del></del>	<del></del>	<del></del>			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No			4	City / State / Zip	
,		2320 CLARKST.				<i>-</i>	
Pres KEVIN (IETZ		UNIT 8 \$9			Apopka	, t-(- · =	203
	}				}		,
				<del></del>			
			9000027309492 -01/05/9901086008 ****150.00 ****150.00				
			19-11				
b.			Bol,	101		,	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
TIETZ, KEVIN A Street Address				P.O. Box Number is Not Acceptable)			
2320 CLARK ST, UNIT 8 & 9 APOPKA FL 32703 Suite, 7			Suite, Apt. #, Etc.	, Apt. #, Etc.			
City				State Zip Code			
10. I, being appointed the registered agent of the above	re named corpora	ition, am familiar wit	h and accept the ob	ligations of Section	on 607.0505, F.S.	1 1	
Signature of Registered Agent Date 12/21/98  REGISTERED AGENT MUST SIGN							8
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U							
12. 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.							

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## CLASSIC ROLLS ROYCE SERVICE, INC.

December 21, 1998

Annual Report/Reinstatement Section PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I am writing this letter to explain the difficulty I have had this last year. I am a new business owner and have had to rely on whom I thought were professionals to instruct me on certain business matters. With regards to this annual report, I turned this over to my accountant who told me that she would take care of it. I heard nothing more until I received the second notice and I called her an inquired if this had indeed been taken care of. She assured me that it had. By the time I received this last notification, I had realized that nothing had been done! I now have a new accountant and am trying to put my business records in order. I am not in a position to be able to afford the entire reinstatement fee, I have sent \$150.00 which I believe was the original fee due. I am asking for leniency this first year to help me get on my feet. Thank you for taking the time to read my letter.

Sincerely,

Kevin A. Teitz President