

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 PM 12:04

DOCUMENT # P97000104347

1. Corporation Name
ALLY IMPORTS INC.

Principal Place of Business 535 PARK AVE N STE 123 WINTER PARK FL 32789 US	Mailing Address 535 PARK AVE N STE 123 WINTER PARK FL 32789 US
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2. New Principal Office Address, If Applicable 348 N. PARK AVE - Suite, Apt. #, etc. 3 City & State WINTER PARK FL. Zip 32789 Country U.S.A		3. New Mailing Office Address, If Applicable 348 N. PARK AVE. Suite, Apt. #, etc. 3 City & State WINTER PARK FL. Zip 32789 Country U.S.A	
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4. Date Incorporated or Qualified To Do Business in Florida 12/10/1997	5. FEI Number 59-3547756	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CARDELLINI, GIANDOMENICO	5267 LONESOME DOVE DR.	KISSIMEE FL 34746

8. Name and Address of Current Registered Agent
CARDELLINI, GIANDOMENICO
5267 LONESOME DOVE DR
KISSIMEE FL 34746

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *Giandomenico Cardellini* **SIGNATURE REQUIRED** Date: 10-17-2000
REGISTERED AGENT MUST SIGN

11. 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.

SIGNATURE: *Giandomenico Cardellini* **SIGNATURE REQUIRED** Date: 10-17-2000 Daytime Phone #: (407) 599-9117

CR2E040 (8/00)

MISSORI MILANO

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348 N. PARK AVE. SUITE 03
WINTER PARK - FL - 32789
US

Phone (407) 599 9117

October 19, 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

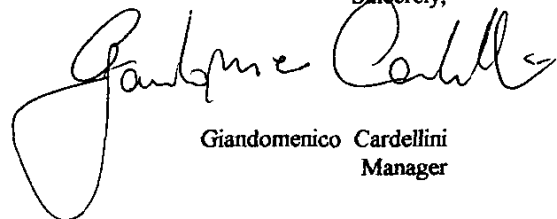
Corporation Name: **ALLY IMPORTS INC.**
Document Number: **P97000104347**

We have received a NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION because a corporation annual report/uniform business report was not filed in time.

Our address has changed and we haven't received the first and second notices you have sent to us. Even this last note was sent to ~~535 N Park Ave, suite 123 - Winter Park - FL~~. The mailman happened to know who we are and brought it to us. It was by then that we realized what was going on.

Please, give us instructions how to proceed to file the annual report and maintain "active" status.

Sincerely,



Giandomenico Cardellini
Manager