PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Katherine Harris WISION OF CORPORATIONS Secretary of State DIVISION OF CORPORATIONS 00 0CT 18 PM 3:43 P97000105683 DOCUMENT # 1. Corporation Name CONSOLIDATED FLEET SERVICES, INC. Principal Place of Business Mailing Address 6324-SPOONBILL-DR. 6324 SPOONBILL DR. NEW PORT RICHEY F **NEW PORT RICHEY FL 34652** 00-19-00 90001 006 \$150.00 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified 2. New Principal Office Address, If Applicable To Do Business in Florida .12/15/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 593523120 Applied For 12. GAY APPLIED FOR City & State Not Applicable HOCKNRY-BSSRX 6. \$8.75 Additional Fee required Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 死えなどるとう 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip Title(s) 6324 SPOONBILL DR. **NEW PORT RICHEY FL 34652** PENWILL, REGINALD G D HOCKLEY ESSEX, ENGLAND 12 GAY BOWERS FOLLY LANE PENWILL, MICHAEL R HOCKLEY ESSEX, ENGLAND 69 SOUTHEND RD. TONG-PENWILL, B 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent PENWILL, REGINALD G Street Address (P.O. Box Number is Not 6324 SPOONBILL DR. Suite, Apt. #, Etc **NEW PORT RICHEY FL 34652** State Zip Code 10. I, being appointed the registered agent of the above paried corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date 13,007 - 2000 Registered Agent 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. ブベニ - WENWIL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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## CONSOLIDATED FLEET SERVICES INC.

## 6324 SPOONBILL DRIVE, NEW PORT RICHEY.

## FLORIDA 34652

**FEIN NUMBER 593523120** 

RE; NOTICE OF DISSOLUTION. DOCUMENT NUMBER P97000105683

Florida Department of State, Tallahassee.

13th Oct 2000

I refer to your comunication above, and my subsequent telephone call to your offices today.

During the conversation your correspondent acknowledged that the filing fee of \$150.00 had been paid, but that a further \$400.00 was outstanding due to alleged late filing. It was also suggested that the return had been sent back as it was incomplete.

The problem is that I am in the U.S.A. for an average of one month in every three months. During my absences, I have to rely on associates to collect my mail and act accordingly. They will say that they have not seen any communications from your department. To this end I would be grateful if you would note my mailing address, (entered on the form) as 12 Gay Bowers, Folly Lane, Hockley, Essex, England. SS5 4SN.

During conversation with your correspondent this morning, she stated that all that was required of me now was to complete the form and enclose a cheque for \$408.75 to set the matter right. Within the cheque is the sum of \$8.75 (block 6) in order to obtain the certificate of status.

My cheque number 1227 is enclosed...

Thank you for your attention,

REGINALD G PENWILL.