INS BEFORE COMPLETING THIS FORM. FILED CORPORATIONS P98000008300 00 NOV -3 PM 3:46 **DOCUMENT#** 1. Corporation Name SECKETARY OF STATE TALLAHASSEE. FLORIDA VFW RD. AUTO SALVAGE & TOWING, INC. Principal Place of Business Mailing Address 19410 VFW ROAD 19410 VFW ROAD **BROOKSVILLE FL 34601 BROOKSVILLE FL 34601** 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 01/26/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3492047 City & State City & State Not Applicable \$8.75 Additional Fee required Country Zip Country Zip CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Officer and/or Director Name of Officers City / State / Zip and/or Directors Title(s) **BROOKSVILLE FL 34601 19410 VFW ROAD** CASTORIA, CARMINET JR DPV **BROOKSVILLE FL 34601** 19410 VFW ROAD ST CASTORIA, CARMINE # JR 000003482150--4 -12/01/00--01002--016 ****150.00 ****150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent CASTORIA, CARMINE & JR O. Box Numbe Suite, Apt. #, Etc. 19410 VFW ROAD **BROOKSVILLE FL 34601** 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 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:

MANUAL MOUS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00 1-352-799-7166

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240 Mohawk Road Clermont, Florida 34711 352-394-4048 Fax 352-394-3272 119 W. Lemon Street Lady Lake, Florida 32159 352-753-1337 Fax 352-753-9336

October 30, 2000

RE: VFW Rd. Auto Salvage & Towing, Inc.

Dear Sir or Madam:

Enclosed, please find check #1169, in the amount of \$150.00.

We are respectively requesting that the late filing penalties are waived. Mr. Castoria did not receive any of the Annual Reports that you sent him. Mr. Castorias mail has been stolen numerous times.

As his accountant, I have assured him that I will contact him in January to make sure he files this report on time.

Kindly consider our request, this would be a terrible financial burden to this small business.

Thank you,

Peggy L. Abraham

PLA:lc Enclosures