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٠ - ٠٠	PLEASE-READ ALL	. INSTRUCTIONS BEFORE C	OMPLETING	THIS FORM.	(0)
į.	RPORATIO ISTATEMENT	RIDA DEPARTMENT OF STATE Katherine James Secretal of Fite DIVISION FRANCE TIONS		FILED OLAUG 29 PM 3	։ կկ
	UMENT # P98000014	1485		SECRETARY OF ST TALEAHASSEE, FLI	rate ORIDA
1. Corpora	ation Name RAPIDO TITLE	LOANS TNO			
2 District) Jakaran da	80		L8——5 2—006 **300.00
416	NW 79 STREET	Malling Office Address 79 STREET	i k	, ************************************	.,
Suite, Apt.	#, etc.	te, Apt. #, etc.	4. Date incorporated of	or Qualified 0-2-13-	1998
	AMI, FL	MIAMI, FL	5. FEI Number 65-08		oplied For ot Applicable
Zip 33	150 MIAMI-DADE Zip	33150 Country MIAMI-DADE	6. CERTIFICATE OF STA	TUS DESIRED S8.75 Additional for a Certification	
		7. Name and Address of Current Register	ed Agent		
	Name RIOS, C	<u>ARLOS A.</u>			
	Street Address (P.O. Box Number is Not Acc	eptable) 416 NW 79.	STREET	•	
	Suite, Apt. #, Etc.			•	1
	City MIAMI		State FL	33150	
8. I, being	appointed the registered agent of the above name	ned corporation, am familiar with and accept the ob	ligations of section 607.0	505 or 617.0503, F.S.	CRZE081 (9/00)
Signature o Registered	Agent X	ARLOS A RIOS ERED AGENT MUST SIGN	Date	x 8/8/200	CREEK
9. Names		ector (Fiorida nonprofit corporations must list at lea	st 3 directors)		
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD	-RIOS, CARLOS	A- 416-NW-7-95	STREET M	IAMI, LL 3	3150
	201.25-AR				
·	10.00-ARART				
	88.75 - ARBUPP			<u>ls</u>	· .
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10. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





August 8, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

TAXPAYER:

RAPIDO TITLE LOANS, INC.

DOC. NO.:

P98000014485

FORM:

UNIFORM BUSINESS REPORT (UBR)

PERIOD:

2000 AND 2001

Gentlemen / Mesdames:

The above captioned taxpayer has requested that we write to you regarding the late filings of the 2000 and 2001 Uniform Business Report.

Foremost, please note that it was not the taxpayer's willful neglect or intent to not timely pay and file the 2000 and 2001 Corporate Annual Report but simply a result of the facts stated below.

During the end of the 1999 calendar year the taxpayer moved business locations. As a result of the address change, the taxpayer had all mail forwarded to the new address. During this change it seems that the original copy of the Report was lost in the mail since the taxpayer did not become aware of the filling until now.

In addition to the above, please note that Rapido Title Loans, Inc. has always filed timely in the past. Furthermore, any reinstatement penalties would subject the taxpayer to unreasonable hardship.

In light of the above facts, we respectfully request that you abate all penalties. Enclosed is a check in the amount of \$300 for the 2000 and 2001 Annual Report.

Please do not hesitate to contact us should you have any questions.

Sincerely,

ORLANDO HOYOŚ, CPA

Enclosures

c: Carlos Rios, President