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FILED  
01 FEB 1962 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

Principal Place of Business

Mailing Address

3606 OLEANDER AVE  
FT PIERCE FL 34982

3606 OLEANDER AVE  
FT PIERCE FL 34982

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/08/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0869199	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

<b>7. Names and Street Addresses of Each Officer and/or Director</b> (Florida nonprofit corporations must list at least 3 directors)			
<b>Title(s) 1</b>	<b>Name of Officers and/or Directors 2</b>	<b>Street Address of Each Officer and/or Director 3</b>	<b>City / State / Zip 4</b>
PD	REDA, JOSEPH	1201 SE FLORESTA DRIVE	PORT ST LUCIE FL 34983
VSTD	REDA, ROSE	1201 SE FLORESTA DRIVE	PORT ST LUCIE FL 34983
			100003783001--4-
			-02/27/01--01092--004
			****300.00 ****300.00 # -#
			<b>SP</b>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
REDA, JOSEPH 1201 SE FLORESTA DRIVE PORT ST LUCIE FL 34983	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

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

Date \_\_\_\_\_

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

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**CHRISTINE CICCARELLI  
1320 SE COVE ROAD  
STUART, FL 34997  
(561)781-9015**

**Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327**

**Re: 2000 Uniform Business Report**

**Gentlemen:**

**Per your request, I am writing to confirm that the 2000 Uniform Business Report for Reliable Auto Care Center, Inc. was mailed on January 18, 2000. We believe that the original report was lost in the mail because it was never returned to us, nor has check #1551 ever cleared the bank account.**

**Enclosed please find a copy of the original report filed, the application for reinstatement and our check for \$150.00. We are requesting that you reinstate the corporation for the year 2000 and waive and penalties that you may have assessed.**

**Your prompt attention is greatly appreciated.**

**Sincerely,**

*Christine Ciccarelli*

**Christine Ciccarelli  
Accountant**