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8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r registered agent, or both, i	n the State of Florida.	1 1	
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	Signature, lyped or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent signal	ure required when reinstating)	(DATE	
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CREATUE CACCOUNTING TAX SERVICES

July 26, 2000

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 3300 UNIVERSITY DRIVE SUITE 504 CORAL SPRINGS, FL 33065-4131 PHONE: 954-346-3200 FAX: 954-755-8672

EMAIL: JOELTAXPRO@AOL.COM WWW.CREATIVE-ACCOUNTING.COM

re: Arnie's Personal Transport Service, Inc. P98000088131

To Whom It May Concern:

Enclosed is the Form 2000 UBR for my above captioned client and a check in the amount of \$300.00 covering the fees for the years 1999 and 2000.

We are requesting that this corporation be reinstated because the taxpayer never received the forms due to the fact that he moved twice since the incorporation.

Your cooperation in this matter will be appreciated.

Sincerely,

Joel E. Jacobson