PLEASE READ	ALL INSTRUCTION	S BEFORE C	OMPLETING TI	HIS FORM.	100	
AFFECATION AFFE	FLORIDA DEPARTM	ENT OF STATE		A section	K	
a ra B. Mortham			FILED			
DEINCHAI LIVIENT	DIVISION OF CORP	,			-	
DOCUMENT # P 9900064279			00 AUG -4 AM 10: 50			
1. Corporation Name R.E. V. ROLL- O		RATION	S TA	ECRETARY OF STATE LLAHASSEE, FLORIDA		
111	,					
Principal Place of Business 13350 SW 132ND Cour SUITE 209 MIHALL FL 33186	MIAMIFI.	33186	No.			
If above addresses are incorrect in any way, line through incorrect information and enter 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable		er correction below. ilicable	4. Date Incorporated or Qualified To Do Business in Florida 7/16/99			
Suite, Apt, #, etc.	ol: #; etc Suite: Apt: #; etc.		5. FEI Number	والمناهي بمسامون معاريبين يجوهبها	mt. me se	
City & State	City & State	:-	65-0930		pplicable	
	Ζιρ Cou	ntry	6. CERTIFICATE OF STATE	ITIFICATE OF STATUS DESIRED \$8.76 Additional Fee required for a Certificate of Status		
				Roy I. COMMICALO D	in Shalla	
7. Names and Street Addresses of Each Officer and Name of Officers		Street Address of Each	·	0.400 + 120		
Title(s) and/or Directors	3 (Do NOT			City / State / Zip		
S/T ESCOBAR, EDGA	SW1324 ITE 209	d COURT MI	ami, FL 33186	>		
P ESCOBAR, GREG	SORIAR. 12350	SW /321 UITE 20	A COURT MI	CAMI, FL 3318	6	
,			400	003384624 -03/07/0001004- ****150.00 ****	-015	
		- 		<u> </u>		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			
ESCOBAR, GREC		Name				
12350 SW/32	Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
12350 56132	Suite, Apt. #, Etc.	Suite, Apt. #, Etc.				
MIAMI, FL	Cily	City State Zip Code FL				
10. I, being appointed the registered agent of the ab	ove named corporation, am tamiliar	with and accept the o	oligations of Section 607.056)5, F.S.		
Signature of Registered AgentR	EGISTERED AGENT MUST SIGN		Date			
11. Does this corporation pay Dept. of Revenue under S	any intangible tax to . 199.032, Florida Sta	the atutes. Yes	X No 🗌	(See other side for information on inlangible tax)	1	
12. I do hereby certify that the information supplied lease the Division of Corporations from any liab certify that I am an officer or director or the rec this reinstatement application the reason for distess owed by the corporation have been paid, under oath. SIGNATURE:	eiver or trustee empowered to exec	cute this application as corporate name satisfi application is true and	provided for in chapter 607	7 or 617, E.S. I further certify that w tion 607 0401 or 617 0401, E.S., ar shall have the same legal effect a	when bling nd that all	

Attachment # 49900061279 35

R.E.V. Roll-Off Corporation 12350 SW 132nd Court, Suite 209 Miami, Fl. 33186

July 31, 2000

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Fl. 32302-1500

Ref.: Annual Report 2000: (UBR) Fed. Id# 65-0934474

Doc. # P99000064279

Gentlemen:

We are in receipt of your letter date July 13, 2000. Please note we never receive the annual report 2000, and on June 19, 2000 had respectfully requested for you to consider this unfortunate situation and wave any penalties or interest due.

Please reconsider this case one more time. Enclosed find our check amounting \$ 150.00 and a reinstatement application. Please note our company has gone through some major changes including its address. We regret any inconveniences we may have cost you. We thank you in advance for your support in this matter, if there should have any further questions or additional information needed, please feel free to contact the undersigned.

Sincerely, R.E.V. Roll-Off Corporation

J. R. Esesbar

Gregoria R. Escobar, Pres.