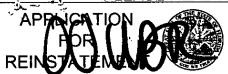
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P99000102011

1. Corporation Name

A & A AUTO RENTAL OF SOUTH TAMPA, INC.

Principal Place of Business

% DARYL LYNN LOVE

Mailing Address

% DARYL LYNN LOVE



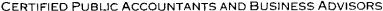
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00 NOV -3 PM 2: 03

5000 S. MA Tampa Fl	ACDILL AVENU 33611	JE	5000 S. MACDILL AVENUE TAMPA FL 33611			# 1885/1881 510 18110 18115 EDIX BOXI GOIEL HOLD BOXE 11811 BOXE 11811 BOXE 11811 BOXE 11811 BOXE 11811 BOXE 1			
If above addresses are incorrect in any way, line through in 2. New Principal Office Address, If Applicable 3. N				incorrect information and enter correction below. New Mailing Office Address, If Applicable			Date incorporated or Qualified To Do Business in Florida 11/18/1999		
Suite, Apt. #	, etc.		Suite, Apt.	ŧ, etc.		5. FEI Numbe		Applied For	
City & State C				City & State			S9-3616426 Not Applicable		
Zip	_	Country	Zip		Country	- 6. CERTIFICAT	TE OF STATUS DESIRED \$8.75 for a	Additional Fee required a Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer ar	nd/or Director (F	lorida nonprol	fit corporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors 2			Street Address of Ear Officer and/or Direct		r City / State / Zip			
PVST	LOVE, DARYL L		5000 S.	5000 S. MACDILL AVENUE		TAMPA FL 33611			
D	LOVE, DARYL L		5000 S.	5000 S. MACDILL AVENUE		TAMPA FL 33611			
				Man	5000034734751 -11/21/0001111003 ****150.00 ****150.00				
	8. Nan	ne and Address of Curre	nt Registered A	gent	Name	9. Name and	Address of New Registered Ag		
LOVE,	DARYL L				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	s. Macdill A FL 33611				Suite, Apt. #, Etc.			CR2E	
IANE	A FL 33011	\mathcal{I}			City			Zip Code	
10. I, being Signature o Registered	 f 🗸	JEKW.	Nove named co		familiar with and accept the			م مسر	
this rein owed by	statement ap	plication, the reason for di- tion have been paid and th	ssolution has be se names of indi	en eliminated, viduals listed o	the corporate name satisfie	es the requirement or an exemption ur	napter 607 or 617, F.S. I further ce s of section 607.0401 or 617.040 nder section 119.07(3)(i), F.S. Th	ertify that when filing 1, F.S., that all fees	
SIGNAT		IGNATURE AND TYPED OR I	PRINTED NAME O	REO F SIGNING OF	FICER OR DIRECTOR		Date / V / 3 S gayti	me Phone #	







MEMBERS OF THE AMERICAN INSTITUTE AND THE FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS TELEPHONE (813) 258-1272
FACSIMILE (813) 258-2422
WEB SITE: WWW.CPA-TAMPA.COM
E-MAIL: KOEHLER@CPA-TAMPA COM

October 25, 2000

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

Regarding: A & A Auto Rental of South Tampa, Inc. Form: 2000 Uniform Business Report

To Whom it May Concern:

This is in response to your notice of administrative dissolution for the above referenced taxpayer. We have enclosed a copy for your reference. The taxpayer has completed the Application for Reinstatement. Furthermore, they have enclosed a check payable to the Department of State for \$150.00.

The taxpayer never received the annual report for this corporation. As a result, they should not be subjected to the late fee or any penalties because the annual report was never received.

This statement should be sufficient to allow you to waive this late fee. Additionally, the corporation should have never been administratively dissolved. We hereby request that you accept this fee of \$150 and immediately reinstate this corporation, without penalties or delay. Your prompt attention to this matter is greatly appreciated.

If you have any questions, please call me directly at (813) 258-1272.

Very Truly Yours,

Keith W. Koehler

Vest will

Certified Mail:

7099 3400 0005 2339 9001

cc: A & A Auto Rental of South Tampa, Inc.