2000 UNIFORM BU	SINESS REPO	RT (UBR)		W)
DOCUMENT # P99000 108535			FILE	ED ED
AG'S ExprESS, INC.		•		AM 10: 2'4
Principal Place of Business P.O. Box 876 P.O. Box 876 Labelle F133975-0876 Labelle F133975-0876			SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State City & State			4. FEI Number 65-098000	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name			7Name and Address of New Register	ed Agent
60NZalez Rodolfo 1400 Ute St. Lobelle Fl. 33930		Street Address (P.O. Box Number is Not Acceptable)		
<i>X</i>	/	City		Zip Code
8. The above named entity submits this state of Florida. Ropo Po Gow TALE 11-10-00				
Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating) DAT	E
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so.		Aldric Stemath Arm Chienaria an Chailten Amhraigh an Ann an Airte	AND	\$5.00 May Be Added to Fees
40 14/14	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A	
NAME STREET ADDRESS CITY-ST-ZIP Prosident Rodolfo GOAZULE P.O. BOX 876 Labelle F1. 3397		TITLE NAME STREET ADDRESS CITY-ST-ZIP	30000352: -01/04/01- ****158.75	
TITLE Vice-President NAME Rogelio Gonzo STREET ADDRESS P.O. 13 UX 876 CITY-ST-ZIP Loubelle F/ 3347.		TITLE NAME STREET ADDRESS		☐ Change ☐ Addition Š
CITY-ST-ZIP Leibelle F/ 3397.	<u> </u>	CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
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13. I hereby certify that the information supplied with his king does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyeded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE:				

RG'S EXPRESS, INC. P.O. BOX 876 LABELLE, FLORIDA 33975 (863) 675-2855 (863) 843-0805

EIN: 65-0980000

FL. DEPT. OF STATE CORP. DIVISION REINSTATEMENT SECTION P.O. BOX 6327 TALLAHASSEE, FL. 32314-6327

The following is a letter to correspond to the document mailed to us #P99000108535 which was received on 10/16/00.

We were surprised to receive your notification declaring that our corporation had been dissolved. The only time we have ever received mail from your office was when you first indicated that we were finally a corporation back on 12/16/99. We have never received a notice of an annual fee due.

Therefore, we are respectfully asking that this fee be abated. The amounts on the notice of dissolution were not very clear to us. We do not know what the appropriate amount due is. We have tried a number of times to call and can never get through.

We can assure you that if we had been notified of this fee, when it was first due, we would not be in this situation now.

Thank you for taking this matter into consideration.

Sincerely,

RogeLio Gonzalez

Rogelio Gonzalez
Rogelio Gonzalez

FLD1, #G524-720-56-161-0

Scooks before me this 20th day of October, 2000.

State of Florida County of Hendry

ATE OF FLORIDA