PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CO R REIN	PORATOL STATEMENT	FLORIDA DEPARTMENT OF Katherine Harris Secretary of State DIVISION OF CORPORATIONS		O2 FEB 27 AM 8: 26	
		U889 STEERING, IN	C.		
•					
2. Principal Office Address 868 DARWIN DR		3. Mailing Office Address SAMC			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		e Incorporated or Qualified to Business in Florida A/DV. 1990	
City & State ALTAMONTE SPRINGS,		City & State		Number Applied For	
ELORINA Zip Country 32701 V, S.		Zip Country	6.	IFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
	Name TERRY LAFFERTY Street Address (P.O. Box Number is Not Acceptable) 868 DARWIN DR. Suite, Apt. #, Etc.			4000050740949 -03/08/0201076030 *****300.00 ****	
	City ALTAMONTE SP	PRINGS.		State Zip Code 7 PL 3270/	
8. I, being Signature of Registered /	Agent Semm falls	ewa named corporation, am familiar with and eways EGISTEDED AGENT MUST SIGN	accept the obligations of	Date 2/25/02	
9. Names	and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations i	must list at least 3 direc	tors)	
Titles	Name of Officers and/or Directors		dress of Each d/or Director	City / State / Zip	
ownel	TERRY LAFFERT.	y 868 DALWIN	~ DL.	ALTAMONTE SIRINGS FLORIDA. 32701	
				103/6	
this rein owed b on this	nstatement application, the reason for diss by the corporation have been paid and the application is true and accurate, and my s	solution has been eliminated, the corporate n names of individuals listed on this form do n signature shall have the same legal effect as	ame satisfies the requin ot qualify for an exempti if made under oath.	r in chapter 607 or 617, F.S. I further certify that when filing ements of section 607.0401 or 617.0401; F.S., that all fees on under section 119.07(3)(i), F.S. The information indicated 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	SIGNATURE AND TYPED OR PR	RINTEO NAME OF SIGNING OFFICER OR DIRECT	ror	Date Daytime Phone #	

SPEEDIE STEERING INC. DID NOT RECEIVE THE UNIFORM BUSINESS REPORT FORM FOR YEAR OF 2001. PLEASE REINSTATE THIS CORPORATION AND WAIVE THE PENALTY FEES. ENCLOSED IS \$ 300.00 FOR LAST YEAR AND THIS YEAR. ALSO ENCLOSED IS THE REINSTATEMENT FORM. PLEASE CALL. 407-295-8203 IF YOU NEED ANY ADDITIONAL INFORMATION. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER. F.E.I. 59-3125556

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THER. F.E.I. 59-3125556

THANKS

Lewy Lafferty