

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>00-01 VBR</b>			
DOCUMENT # <b>V21432</b>			
1. Corporation Name <b>Neils Auto, Inc.</b>			
2. Principal Office Address <b>1982 NW 55th Ave</b>		3. Mailing Office Address <b>1982 NW 55th Ave</b>	
Suite, Apt. #, etc. <b>bdg H</b>		Suite, Apt. #, etc. <b>bdg H</b>	
City & State <b>Margate, FL</b>		City & State <b>Margate FL</b>	
Zip <b>33063</b>	Country	Zip <b>33063</b>	Country

FILED

01 OCT 15 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida <b>3-12-92</b>	
5. FEI Number <b>65-0319375</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

new address

7. Name and Address of Current Registered Agent	
Name <b>Neil Talber</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1982 NW 55th Ave</b>	
Suite, Apt. #, Etc. <b>bdg H</b>	
City <b>Margate</b>	State <b>FL</b>
Zip Code <b>33063</b>	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent <b>Neil Talber</b>	Date <b>9/11/01</b>

CR2E081 (09/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>P.O.</b>	<b>Talber, Neil</b>	<b>1982 NW 55th Ave</b>	<b>Margate, FL 33063</b>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: <b>Neil Talber</b>	Date <b>9/11/01</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

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**SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.**  
**9690 W. SAMPLE RD., STE 202**  
**CORAL SPRINGS, FL 33065**  
**OFFICE (954) 753-2222**  
**FAX (954) 753-1123**

September 7, 2001

Re: Neil's Auto, Inc.  
FEI: 65-0319375


To Whom It May Concern,

Enclosed please find a check in the amount of \$300.00 to renew the above referenced client for the years 2000 and 2001. He never received the original Uniform Business Report or the follow-up notices sent during the year.

Our client moved and the mail was not forwarded to his new address.

We request that the reinstatement fee please be waived.

Thank you for your consideration.

  
Steven S. Siegel, CPA  
Siegel, Lieberman & Associates, P.A./