

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000081710

1. Corporation Name

BECCO INC.

Principal Place of Business

747 CHESTNUT RIDGE ROAD
SUITE 200
SPRING VALLEY NY 10977

Mailing Address

747 CHESTNUT RIDGE ROAD
SUITE 200
SPRING VALLEY NY 10977

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1996

5. FEI Number

13-3631244

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ROTHSCHILD, STEVEN B	747 CHESTNUT RIDGE RD	SPRING VALLEY NY
S	WELDLER, HARRY	747 CHESTNUT RIDGE RD	SPRING VALLEY NY

100008841471
11/06/02--01146--011 **150.00

024B76

8. Name and Address of Current Registered Agent

SOUTHEAST AUTOMOTIVE ACQUISITION CORP.
7500 NW 77TH TERRACE
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

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BECCO INC.
747 CHESTNUT RIDGE ROAD - SUITE 200
SPRING VALLEY, NEW YORK 10977-6216

October 28, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

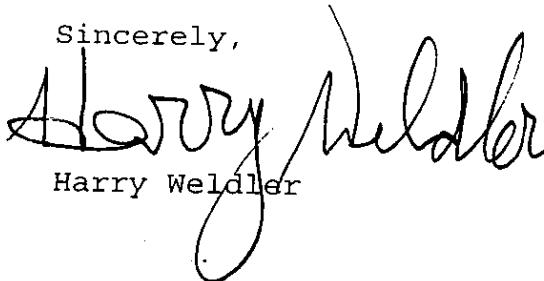
Gentlemen:

We have recently received the "Notice of Administrative Dissolution or Revocation" informing us that the State of Florida has administratively dissolved our Corporation.

Please be advised that this is the first notice that we have received in this matter. We have not received any prior UBR notices.

As per your instructions, enclosed herewith please find our filing fee in the amount of \$150.00, together with the completed application for reinstatement.

Sincerely,


Harry Weldler

HW/jw
enclosure