

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P01000109678

1. Corporation Name

S & H TRANSMISSIONS, INC.

Principal Place of Business

10479 COUNTY LINE RD
SPRING HILL FL

Mailing Address

10479 COUNTY LINE RD
SPRING HILL FL

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

11/14/2001

5. FEI Number

59-3757330

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
LAVI Pres.	GNE, MARK LaVigne, mark	7151 64TH ST N	PINELLAS PK FL 34665- 33781
V.P.	LaVigne, Annette	7151 64th St. n.	Pinellas Park, FL. 33781

800013627328
03/06/03--01043--020 **308.75

8. Name and Address of Current Registered Agent

LAVIGNE, MARK
3128 9TH ST W
ST PETERSBURG FL 33704

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Mark LaVigne
REGISTERED AGENT MUST SIGN

Date 3-4-03

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:

Mark LaVigne
REGISTERED AGENT MUST SIGN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-03

Date

727-822-1033

Daytime Phone #

CFR2E040 (8/02)

813-822-1033

3128 Ninth Street North
St. Petersburg, FL 33704



TRANS SHOPPE, INC.

3-4-03

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Document # P01000109678
Corporation Name: S+H Transmissions, Inc.
10479 County Line Rd.
Spring Hill, FL 34609

I am writing to ask that the above referenced corporation be returned to 'active' status through reinstatement. The annual renewal report(s) were never received by our business. There was a period of time when we had difficulty receiving all of the mail at this location. Because of this I am changing the mailing address so this situation will be remedied.

As instructed via phone conversation, I am enclosing a check for \$300.00, for payment of 2002 & 2003 reports. As well as the \$8.75 Fee for Certificate of Status. Total submitted \$308.75. Also, to ask that the reinstatement fee be waived due to non-receipt of reports.

Your assistance in this matter is greatly appreciated.

A handwritten signature in cursive script that reads "Mark LaVigne".

Mark LaVigne
Registered Agent