2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 MAY -9 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091721

1. Entity Name
HOT RODGER'S SPEED SHOP, INC.

Principal Place of Business
2119 CAMILLA CIRCLE
LAKELAND, FL 33815

Mailing Address
2119 CAMILLA CIRCLE
LAKELAND, FL 33815

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

05062005 REIN-P CR2E098 (6/04)

4. FEI Number 59-3357216 | Applied For | Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
INGOLE, GEORGE
2119 CAMILLA CIRCLE
LAKELAND, FL 33801

7. Name and Address of New Registered Agent
Name INGOLE, GEORGE
Street Address (P.O. Box Number is Not Acceptable) 8724 THORNWOOD LN
~~TAMPA~~
City TAMPA FL Zip Code 33615

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 5-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

FILE NOW!! FEE IS $900.00

10. OFFICERS AND DIRECTORS

TITLE	D ☐ Delete
NAME	INGOLE, GEORGE
STREET ADDRESS	2709 GIBB-GALLOWAY RD
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P ☒ Change ☐ Addition
NAME	INGOLE, GEORGE
STREET ADDRESS	8724 THORNWOOD LN
CITY-ST-ZIP	TAMPA FL 33615
TITLE	☐ Change ☐ Addition
NAME	300054867309
STREET ADDRESS	05/19/05--01079--011 **908.75
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 accurate 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5-7-05 813-882-3227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/16cw