


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Nov 15, 2004 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # F01000003513</b> 1. Entity Name <b>SMITTY'S AUTO PARTS, INC.</b>					
Principal Place of Business 63399 HWY 51 ROSELAND, LA 70456			Mailing Address P.O. BOX 530 ROSELAND, LA 70456		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <u>CT Corporation System</u> <span style="float: right;">10/25/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., if corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP		TITLE		
NAME	SMITH, EDGAR R III		NAME		
STREET ADDRESS	60135 ISRAEL CUTRER RD		STREET ADDRESS		
CITY-ST-ZIP	AMITE, LA 70422		CITY-ST-ZIP		
TITLE	VCVP		TITLE		
NAME	SMITH, MITCHELL S		NAME		
STREET ADDRESS	2007 NORTH DUNCAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	AMITE, LA 70422		CITY-ST-ZIP		
TITLE	SD		TITLE		
NAME	SMITH, GEORGE		NAME		
STREET ADDRESS	16246 JEFF BANKSTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	AMITE, LA 70422		CITY-ST-ZIP		
TITLE	TD		TITLE		
NAME	SMITH, DAVID A		NAME		
STREET ADDRESS	2007 NORTH DUNCAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	AMITE, LA 70422		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** George Smith 10/25/04 985-748-9687