

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F39479

1. Corporation Name

Tampa Diesel Service, Inc.

2. Principal Office Address

7728 E. Hillsborough Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33610

Country

Hillsborough

3. Mailing Office Address

4823 Ebbtide Lane

Suite, Apt. #, etc.

#403

City & State

Port Richey, FL

Zip

34668

Country

Pasco

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/1/1981

5. FEI Number

592094253

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles C. Passmore

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

4823 Ebbtide Lane

Suite, Apt. #, Etc.

#403

City

Port Richey

State

FL

Zip Code

34668

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

Charles C. Passmore

REGISTERED AGENT MUST SIGN

Date

8-1-03

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
D/P/S/T	Charles C. Passmore	4823 Ebbtide Lane #403	Port Richey, FL 34558

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

Charles C. Passmore

Charles C. Passmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-1-03

727-848-4471

Daytime Phone #

REINSTATEMENT 06-03

FILED
03 AUG -5 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRZE081 (10/02)