

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F97000004022

1. Entity Name
LA BELLE AUTO AND TRUCK SUPPLY, INC.



FILED

04 OCT 29 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

860 SO MAIN ST
LA BELLE, FL 33935

Mailing Address

860 SO MAIN ST
LA BELLE, FL 33935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272004 REIN-P CR2E098 (6/04)

4. FEI Number
65-0762454

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'HARA, MICHAEL K
860 SO MAIN ST
LA BELLE, FL 33935

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-27-04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME O'HARA, MICHAEL K
STREET ADDRESS 406 MAGNOLIA AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE VD ☐ Delete
NAME BARBEE, MICHAEL
STREET ADDRESS 5188 CALDWIN TERRACE
CITY-ST-ZIP MARIETTA, GA 30068

TITLE SD ☐ Delete
NAME KOENIGSHOFER, RON
STREET ADDRESS 9136 HIGHLAND RIDGEWAY
CITY-ST-ZIP TAMPA, FL 33647

TITLE TD ☐ Delete
NAME O'HARA, CYNTHIA L
STREET ADDRESS 406 MAGNOLIA AVE
CITY-ST-ZIP LEHIGH ACRES, FL 33936

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 ☐ Change ☐ Addition
NAME 000042317000
STREET ADDRESS 10/29/04--01058--018 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Michael K O'Hara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-04

Date

863-675-0046

Expiring Period *