

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 NOV -3 AM 10:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **K43898**

1. Corporation Name  
**NATIONAL CYLINDER HEAD EXCHANGE OF TAMPA, INC.**

Principal Place of Business	Mailing Address
% CHARLES M. LANTRY JR 4408 NORTH THATCHER AVE TAMPA FL 33614	% CHARLES M. LANTRY JR 4408 NORTH THATCHER AVE TAMPA FL 33614



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/15/1988	
City & State		City & State		5. FEI Number	
Zip		Country		59-2919190	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	LANTRY, CHARLES M.	4408 NORTH THATCHER AVE	TAMPA FL

400003485634--0  
 -12/05/00--01013--022  
 \*\*\*\*150.00 \*\*\*\*150.00

*00482173*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LANTRY, CHARLES M. JR 4408 NORTH THATCHER AVE. TAMPA FL 33614		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.  
 Signature of Registered Agent: *Charles M Lantry Jr* Date: *10/31/00*  
 REGISTERED AGENT MUST SIGN

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: *Charles M Lantry Jr* Date: *10/31/00* Daytime Phone #: *407 423 4323*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2EDAO (8/00)

**National Cylinder Head Exchange Inc.**  
**4408 North Thatcher**  
**Tampa, Florida 33614**  
**813-870-6340**

October 31, 2000

To: Division of Corporations, Annual Report Section

Please find enclosed my check for \$150 in concurrence with your standard re-instatement fee. I respectfully request you waive the late fee since, to my knowledge, I did not receive any prior notices.

Since 1988 when I incorporated, I have always paid this on time as your records will indicate. I have started another business in Orlando, Fl. and was relying on someone else to handle matters such as these which I, of course, thought was done.

I called and discussed this today with Mr. Tyrone Scott in your office today, because as previously stated, today was the first I knew of this. Should you have any questions, please call me at 1-800-881-4323 or by mail at 1446 West Anderson Street, Orlando, Fl. 32805.

Kind regards:



Charles M. Lantry  
President

CML/nfs