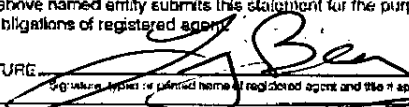


**2004 FOR PROFIT CORPORATION  
REINSTATEMENT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         |                                                                                                                               |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L13392</b><br>1. Entity Name<br><b>TOM'S TRAILER AND R.V. SALES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         |                                              |                                                                   |
| Principal Place of Business<br><b>112 PAULS DR.<br/>BRANDON, FL 33511 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         | Mailing Address<br><b>112 PAULS DR.<br/>BRANDON, FL 33511 US</b>                                                              |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                     |                                                                   |
| City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         | City & State<br>Zip Country                                                                                                   |                                                                   |
| 4. FEI Number<br><b>59-2881186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                                        |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         | <b>\$8.75 Additional Fee Required</b>                                                                                         |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>BAILEY, LARRY<br/>112 PAULS DR.<br/>BRANDON, FL 33511</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 <br><small>Signature applies to principal place of registered agent and file if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         | DATE <b>10-27-04</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                           |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2005, Fee will be \$300.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         | In accordance with s. 607.193(2)(a), F.S., the corporation did not receive the prior notice.                                  |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                  |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P<br>BAILEY, LARRY<br>112 PAULS DR<br>BRANDON, FL 33511 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         | DATE <b>10-27-04</b> 813-478-6472<br><small>Daytime Phone #</small>                                                           |                                                                   |

FILED

04 OCT 29 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10262004 REIN-P CR2E088 (6/04)