

FILED

10 APR 14 AM 8:51


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# REINSTATEMENT

400175719084  
04/14/10--01006--002 \*\*308.75

CR2E081 (11/09)

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P00000099468

1. Corporation Name

Corporation Name  
VICTORY MOTORS OF TALLAHASSEE, INC

2. Principal Office Address - No P.O. Box # 2523 W. TENNESSEE ST		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State	
Zip 32304	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <b>38-3719943</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75</b> Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name RODNEY T. DAVIS		
Street Address (P.O. Box Number is Not Acceptable) 525 W. GEORGIA ST		
Suite, Apt. #, Etc.		
City TALLAHASSEE	State FL	Zip Code 32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Ledy J. D. Date 4-14-10

REGISTERED AGENT MUST SIGN

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
P	RODNEY DAVIS	525 W. GEORGIA ST	TALL, FL 32301
			M. MILLIGAN EXAMINER
			APR 14 2010

10. E-mail Address: \_\_\_\_\_  
(To be used for future annual report notification)

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. I further certify, 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: Rocky J. [Signature] 4-14-10 (850) 510-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #