

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000107771

1. Entity Name
TALLAHASSEE TRUCK & AUTO ACCESSORIES, INC.



Principal Place of Business
2168 W. TENNESSEE ST.
TALLAHASSEE, FL 32304

Mailing Address
2168 W. TENNESSEE ST.
TALLAHASSEE, FL 32304

2. Principal Place of Business
2168 West Tenn. St.
Suite, Apt. #, etc.

3. Mailing Address
2168 West. Tenn. St.
Suite, Apt. #, etc.

City & State
Tallahassee FL
Zip
32304
Country
LEON

City & State
Tallahassee FL
Zip
32304
Country
LEON

10192004 REIN-P CR2E098 (6/04)

4. FEI Number
59-3682027
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACOSTA, DALE M
3042 FORMENAUGH DR.
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
DALE M ACOSTA
Street Address (P.O. Box Number is Not Acceptable)
3042 Formenaugh Dr
City
Tallahassee FL Zip Code
32308

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 DALE M ACOSTA Pres DATE 10-22-04
(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	ACOSTA, DALE M	
STREET ADDRESS	3042 FORMENAUGH DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOBBS, BRIAN F	
STREET ADDRESS	8885 CALEDONIAN COURT	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOBBS, REAGAN H	
STREET ADDRESS	2324 GATES DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000042316350
STREET ADDRESS	10/29/04--01058--005 **\$150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE 10-22-04 575-8178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR