

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000030085

1. Entity Name
MULLINS AUTOMOTIVE AND TRUCK SERVICE, INC.



Principal Place of Business
603 N MAGNOLIA AVE
OCALA, FL 34475

Mailing Address
603 N MAGNOLIA AVE
OCALA, FL 34475

2. Principal Place of Business

603 N. Magnolia Ave
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Ocala FL 34475
Zip 34475 Country USA

City & State

Ocala FL 34475
Zip 34475 Country USA



REINSTATEMENT

FILED

05 JAN 21 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E098 (6/04)

04-05

4. FEI Number
59-3652796

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLINS, D DOUGLAS
603 N MAGNOLIA AVE
OCALA, FL 34475

7. Name and Address of New Registered Agent

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)

1/13/05
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME MULLINS, DOUG
STREET ADDRESS 603 N MAGNOLIA AVE
CITY-ST-ZIP Ocala, FL 34475 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05

Date

Daytime Phone #

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