

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 SEP 29 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000116267

1. Corporation Name

Loves Automotive & Transmissions
INC, DBA RONOCO TRANSMISSIONS.

2. Principal Office Address

5585 Commercial Blvd

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33880

Country

PO/K

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

33880

Country

PO/K

REINSTATEMENT 03-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/2001

5. FEI Number

59-3744614

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronny L. Hendrix

Street Address (P.O. Box Number is Not Acceptable)

5585 Commercial Blvd

Suite, Apt. #, Etc.

City

Winter Haven FL

State

FL

Zip Code

33880

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

R. L. Hendrix

REGISTERED AGENT MUST SIGN

Date

9/24/06

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
owner	Ronny L Hendrix	4321 Stephanie Way	Bartow FL 33880

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/06

Date

863-967-2300

Daytime Phone #

RONOCO TRANSMISSIONS
5585 Commercial Blvd.
Winter Haven, FL 33880
Office (863) 967-7300
Fax (863) 967-7353
Toll Free (800) 710-5444

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To The Dept of Corporation

I move
Leves Auto & Trans Inc DBA Ronoco TRANS
from 4400 Ave G. Winter Haven, to
5585 Commercial Blvd in 2001. After that
I got no mail ²⁰⁰³ from Division of Corporation.
I would like you to waiver all penalties for
this Corp.

R. J. Haley
owner

Att Eula Peterson