


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000054245		
1. Entity Name AUTO XTRAS OF TALLAHASSEE, INC.		
Principal Place of Business 1500 APALACHEE PKWY TALLAHASSEE, FL 32301	Mailing Address 2217 JIM LEE RD TALLAHASSEE, FL 32301	
2. Principal Place of Business - No P.O. Box # <i>2217 Jim Lee Rd</i>	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State <i>Tallahassee, FL</i>	City & State	
Zip <i>32301</i>	Country	Country

## FILED

09 APR 29 PM 2: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292009 REIN-P CR2E098 (1/07)

4. FEI Number <b>74-3043939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GIDDENS, TREVOR 2217 JIM LEE RD TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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: *Trevor Giddens* (NOTE: Registered Agent signature required when reinstating) DATE: *4/29/09*

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="radio"/> <b>O</b> GIDDENS, TREVOR 2217 JIM LEE RD TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100153850231</b> <b>04/30/09--01001--003 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>VP</b> MONTI, K.J. 743 RED FERN RD. TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>REINSTATEMENT</b>    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <i>REIT</i>    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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 files empowered.

SIGNATURE: *Trevor Giddens* DATE: *4/29/09*

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