2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000060928 FILED 1. Entity Name FAIR DEAL AUTO SALES OF TAMPA, INC. ns JAN 20 AM 10: 42 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 11901 NORTH NEBRASKA AVENUE 11901 NORTH NEBRASKA AVENUE TAMPA, FL 33613 TAMPA, FL 33613 2. Principal Place of Business 3. Mailing Address 1901 n. nebras 11901 n. Nebrasha ave Suite, Apt. #, etc. Suite, Apt. #, etc 12092004 REIN-P CR2E098 (6/04) City & State 4. FEI Number City & State 01-0703713 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired D٠ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESSA, MOHAMED Street Address (P.O. Box Number is Not Acceptable) 14747 B NEBRASKE AVE. **TAMPA, FL 33613** City Zip Code FL the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office of the obligations of register dagent. SIGNATUR nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Dolete TITLE ☐ Change ☐ Addition TITLE ESSA, MOHAMED NAME STREET ADDRESS 14747 B NEBRASKE AVE. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33613 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE 700045101897 01/20/05--01033--004 **30 NAME NAME **300.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 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 suppliemental 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 adurence with all other files empowered. SIGNATURE: