

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN 20 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12092004 REIN-P CR2E098 (6/04) *MRD*

DOCUMENT # P02000060928	
1. Entity Name FAIR DEAL AUTO SALES OF TAMPA, INC.	



Principal Place of Business 11901 NORTH NEBRASKA AVENUE TAMPA, FL 33613	Mailing Address 11901 NORTH NEBRASKA AVENUE TAMPA, FL 33613
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2. Principal Place of Business <i>11901 n. nebraska ave</i>	3. Mailing Address <i>11901 n. nebraska ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Tampa FL</i>	City & State <i>Tampa FL</i>
Zip <i>33613</i>	Country <i>U.S.A</i>

6. Name and Address of Current Registered Agent ESSA, MOHAMED 14747 B NEBRASKE AVE. TAMPA, FL 33613	
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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 <i>x mohamed em</i>	DATE <i>04-05</i>

REINSTATEMENT

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESSA, MOHAMED 14747 B NEBRASKE AVE. TAMPA, FL 33613 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <i>mohamed em</i>	1-13-05 813-477-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #