

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000008776 1. Entity Name FLORIDA CONSTRUCTION EQUIPMENT PARTS COMPANY, INC.			
Principal Place of Business 4813 WEST TYSON AVENUE TAMPA, FL 33611 US		Mailing Address 4813 WEST TYSON AVENUE TAMPA, FL 33611 US	
2. Principal Place of Business 4525 S. Trask St.		3. Mailing Address P.O. Box 130174	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tampa FL		City & State Tampa FL	
Zip 33611		Zip 33681	
Country Hills		Country Hills	
4. FEI Number 30-0144828		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, DONALD W 4813 WEST TYSON AVE TAMPA, FL 33611		7. Name and Address of New Registered Agent Name Donald W. Anderson Street Address (P.O. Box Number is Not Acceptable) 4525 S. Trask St. City Tampa FL Zip Code 33611	
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: Pres. 1-12-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	P ANDERSON, DONALD W 4813 WEST TYSON AVE TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. Anderson, Donald W. 4525 S. Trask St. Tampa FL 33611 <input checked="" 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	V.P. Buck Glen A 6311 wild orchid Dr Littlea FL 33547 <input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9000449778 Change <input type="checkbox"/> Addition 01/19/05--01006--016 ***300.00
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
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:		1-12-05 813-902-1229	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

FILED
05 JAN 19 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

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