


2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

B / n

04 DEC 20 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000132507	
1. Entity Name THE TRAILER COMPANY	

Principal Place of Business 4190 HAMMOCK DR. MELBOURNE, FL 32935	Mailing Address 4190 HAMMOCK DR. MELBOURNE, FL 32935
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2. Principal Place of Business 4247 Parkway Drive Suite, Apt. #, etc.	3. Mailing Address 4247 Parkway Dr Suite, Apt. #, etc.
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City & State Melbourne FL	City & State Melbourne FL
Zip 32934	Country Brevard



12012004 REIN-P CR2E098 (6/04)

4. FEI Number 55-0853979	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REED, JASON 4190 HAMMOCK DR. MELBOURNE, FL 32935	
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7. Name and Address of New Registered Agent Name Jason Reed Street Address (P.O. Box Number is Not Acceptable) 4247 Parkway Drive City Melbourne FL Zip Code 32934	
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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: <u>Jason Reed</u> JASON REED DATE: <u>12/2/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, JASON 4190 HAMMOCK DR. MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Jason Reed</u> JASON REED <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>12/2/2004</u> <small>Daytime Phone #</small>

321-757-5808



4247 Parkway Drive
Melbourne, FL 32935

December 4, 2004

Divisions of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

Dear Sir or Madam:

In response to the Notice of Dissolution or Revocation on document number P03000132507, I am writing this letter to explain why I did not file the 2004 annual report. This is my first year in the United States and I am not use to the different requirements. I am accustomed to having the annual form sent directly to me. I now understand it is my responsibility to obtain the form and turn it in by the required date.

Please find enclosed a check for \$150.00 and the completed 2004 annual report.

Sincerely,



Jason M. Reed
Owner