

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000089821

1. Entity Name
PREMIER REPLACEMENT PARTS, INC.



Principal Place of Business
**P.O. BOX 1543
LUTZ, FL 33548 US**

Mailing Address
**P.O. BOX 1543
LUTZ, FL 33548 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
05 OCT 13 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10102005 REIN-P CR2E098 (6/04)

4. FEI Number
56-2468389

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ASHE, LONNIE F JR
19803 DEER HOLLOW LN.
LUTZ, FL 33548**

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 *Lonnie F Ashe Jr* DATE **10-11-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$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 ASHE, LONNIE F JR P.O. BOX. 1543 LUTZ, FL LUTZ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400061077714 11/01/05--01056--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHE, KAREN J P.O. BOX. 1543 LUTZ, FL 33548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Lonnie F Ashe Jr* DATE **10-11-05** 813-299-454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR