

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
06 NOV 14 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 804 000163144

1. Corporation Name

TNT Auto Sales, Inc.

2. Principal Office Address

3911 Dundee Rd.

Suite, Apt. #, etc.

City & State

Winter Haven

Zip  
33880

Country  
US

3. Mailing Office Address

PO Box 681

Suite, Apt. #, etc.

City & State

Lake Hamilton

Zip  
33851

Country  
US

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 12/06/04

5. FFL Number  
20-1961108

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Ann Hamilton

Street Address (P.O. Box Number is Not Acceptable)

209 7th St.

Suite, Apt. #, Etc.

City

Lake Hamilton

State  
FL

Zip Code  
33851

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/04/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ann Hamilton	209 7th St.	Lake Hamilton, FL 33851

900981957148  
10/13/06-01033-025 \*\*300.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Ann Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04/06

Date

863-271-6218

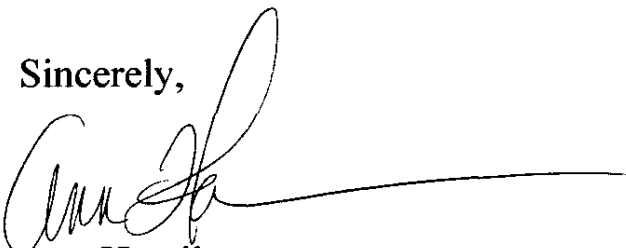
Daytime Phone #

**TNT AUTO SALES**  
*3911 Dundee Road*  
*Winter Haven, FL 33880*

To Whom It May Concern:

I am writing this letter in regards to the 2005 annual report notice for TNT Auto Sales, Inc. Due to problems I encountered with the Lake Hamilton post office such as not receiving my mail or receiving some of it up to four months late, I had to write a letter to the Postmaster General. So, I did not receive the 2005 annual report notice. I would like to have this fee waived. I would really appreciate your help with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Hamilton', followed by a long horizontal line extending to the right.

Ann Hamilton  
President