

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000030564

**FILED**  
**Oct 10, 2011**  
**Secretary of State**

**Entity Name:** T&W AUTO REPAIR & SALES, INC.

**Current Principal Place of Business:**

10105 N. FLORIDA AVE.  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

10105 N. FLORIDA AVE.  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 20-4447350      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RIVERA, WILLIAM  
7849 PORTRAIT CT.  
NEW PORT RICHEY, FL 34654      US

**Name and Address of New Registered Agent:**

RIVERA, WILLIAM  
1736 CANOE DR.  
LUTZ,, FL 33559      US

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.

SIGNATURE: T&W AUTO REPAIR

\_\_\_\_\_  
Electronic Signature of Registered Agent

10/10/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: RIVERA, WILLIAM  
Address: 1736 CANOE DR.  
City-St-Zip: LUTZ,, FL 33559

Title: VP/S  
Name: RIVERA, ANTONIO  
Address: 1736 CANOE DR.  
City-St-Zip: LUTZ, FL 33559

Title: T  
Name: RIVERA, WILLIAM  
Address: 1736 CANOE DR.  
City-St-Zip: LUTZ,, FL 33559

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RIVERA, ANTONIO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP/S

10/10/2011

\_\_\_\_\_  
Date