


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000136149

1. Entity Name
WHITES QUALITY TRANSMISSIONS, INC.



FILED

08 MAR 11, AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**18919 TITUS ROAD
HUDSON, FL 34667 US**

Mailing Address
**18919 TITUS ROAD
HUDSON, FL 34667 US**

2. Principal Place of Business - No P.O. Box #
18919 TITUS RD

3. Mailing Address
P.O. Box 1074

Suite, Apt. #, etc.



City & State
Hudson, FL

City & State
Brooksville, FL

Zip
34667

Country
PASCO

Zip
34603

Country
HERNANDO

4. FEI Number
45-0544316

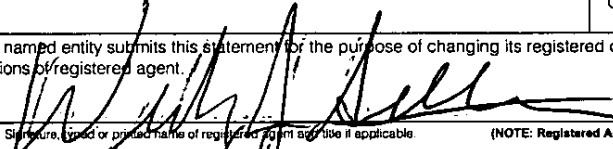
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**FALTER, KENDRA M
99 KOSTKA DRIVE
MASARYKTOWN, FL 34604**

7. Name and Address of New Registered Agent
Name
Pinellas Tax & Accounting
Street Address (P.O. Box Number is Not Acceptable)
6925 112 Circle N Suite 202
City
LARGO FL Zip Code
33773

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  (NOTE: Registered Agent signature required when reinstating)

DATE **1/28/08**

FILE NOW!!! FEE IS \$360.00

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 EWING, SAMUEL 21366 TRUBY ROAD BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	60012125112E 03/25/08--01053--011 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC FALTER, KENDRA M 99 KOSTKA DRIVE MASARYKTOWN, FL 34604 <input checked="" 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	03/13 <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
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 exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/31/08** DATE

DAYTIME PHONE # **727/862/1965** DAYTIME PHONE #