

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P25051

1. Corporation Name  
HubCap Heaven of Louisiana Inc.

2. Principal Office Address - No P.O. Box #  
2194 Park Maitland

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

City & State  
Maitland, FL

City & State

Zip  
32751

Country  
USA

Zip

Country

7. Name and Address of Current Registered Agent

Name  
Floyd Davidson

Street Address (P.O. Box Number is Not Acceptable)  
2194 Park Maitland Court

Suite, Apt. #, Etc.

City  
Maitland

State  
FL

Zip Code  
32751

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0603 or 617.0603, F.S.

Signature of Registered Agent  
Floyd Davidson

REGISTERED AGENT MUST SIGN

Date  
10/22/08

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PP	Davidson, Floyd	2194 Park Maitland Court	Maitland, FL 32751

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: Floyd Davidson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
10/22/08

Daytime Phone #  
321-228-7517

FILED  
08 OCT 27 AM 8:08  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

500137323929  
10/27/08--01049--011 \*\*750.00  
REINSTATEMENT 06-08

4. Date Incorporated or Qualified To Do Business in Florida

5. FBI Number  
72-0963025

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  ES 75. Applicable Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.