

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:08

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P25051**

1. Corporation Name

HUBCAP HEAVEN OF LOUISIANA, INC.

Principal Place of Business

Mailing Address

3240 W COLONIAL DR
 ORLANDO FL 32808
 US

3240 W COLONIAL DR
 ORLANDO FL 32808
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/30/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

72-0963025

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DAVIDSON, FLOYD	12712 WATERFORD POINT BLVD	WINDERMERE FL 34786
D	DAVIDSON, RITA	12712 WATERFORD POINT BLVD	WINDERMERE FL 34786
			800023765178 10/13/03--01098--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIDSON, FLOYD
 12712 WATERFORD POINT BLVD
 WINDERMERE FL 34786

Name **FLOYD DAVIDSON**
 Street Address (P.O. Box Number is Not Acceptable) **2194 PARK MANTLAND CT.**
 Suite, Apt. #, Etc.
 City **MANTLAND** State **FL** Zip Code **32751**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/10/03

11. 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 under section 119.07(3)(i), 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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03 407-578-9823

Date

Daytime Phone #

CR2E040 (7/03)

Floyd Davidson
President

3240 West Colonial Drive
Orlando, FL 32808
1-800-966-9823
(407) 578-9823
(407) 291-6194 Fax



Birmingham, Alabama
Mobile, Alabama
Jacksonville, Florida
Hollywood, Florida
Orlando, Florida
Atlanta, Georgia
Indianapolis, Indiana
Baton Rouge, Louisiana
Metairie, Louisiana
Jackson, Mississippi
Las Vegas, Nevada
Cary, North Carolina
Pittsburgh, Pennsylvania
Knoxville, Tennessee
Memphis, Tennessee
Nashville, Tennessee
Salt Lake City, Utah
Virginia Beach, Virginia

Florida Department of State
Division of Corporations
PO. Box6327
Tallahassee, Fl. 32314

This is to let you know that we did not receive our annual report. As per your instructions I will enclose a check for \$150.00 and believe the matter to be complete. If this is not correct please contact me.

A handwritten signature in cursive script that reads "Floyd Davidson".

Floyd Davidson

President
Hubcap Heaven of La. Inc.
3240 W Colonial Dr
Orlando, Fl. 32808