

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

3240 W COLONIAL DR  
ORLANDO FL 32808  
US

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/1989

5. FEI Number

72-0963025

Applied For

Not Applicable

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)

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

8. Name and Address of Current Registered Agent

DAVIDSON, FLOYD  
12712 WATERFORD POINT BLVD  
WINDERMERE FL 34786

9. Name and Address of New Registered Agent

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

33751

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

Date

10/10/03 407-578-9823

Daytime Phone #

CR2040 (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. Box 6327  
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 black ink, appearing to read "Floyd Davidson", is written over the printed name. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Floyd Davidson

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