

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 30 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000094140

1. Corporation Name

Travis' Auto Repair, Inc.

Principal Place of Business

Mailing Address

99-01

3. Date Incorporated or Qualified 11/3/1997 3a. Date of Last Report

2. Principal Place of Business

21 7157 Catalina Way

2a. Mailing Address

26 7157 Catalina Way

4. FEI Number

65-0791144

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

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

City & State

23 Lake Worth FL

City & State

28 Lake Worth FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

24 33467

County

25 Palm Beach

Zip

29 33467

County

30 Palm Beach

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporate Creations Network Inc.
941 Fourth Street #200
Miami Beach, FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Travis Hodge, Vice President Corporate Creations Network Inc. 3/29/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Travis E. Hodge	1.2 NAME	
STREET ADDRESS	7157 Catalina Way	1.3 STREET ADDRESS	500003995135--0
CITY-ST-ZIP	Lake Worth FL 33467	1.4 CITY-ST-ZIP	-04/12/01--01105--007
TITLE	President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Travis E. Hodge	2.2 NAME	
STREET ADDRESS	7157 Catalina Way	2.3 STREET ADDRESS	****450.00 ****450.00
CITY-ST-ZIP	Lake Worth FL 33467	2.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Travis E. Hodge	3.2 NAME	
STREET ADDRESS	7157 Catalina Way	3.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Worth FL 33467	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12, or Block 13, or in an attachment with an address.

SIGNATURE

Travis Hodge

Travis Hodge

3/29/01

(305) 672-0686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

as attorney-in-fact

Florida Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

Re: **Travis' Auto Repair, Inc.**

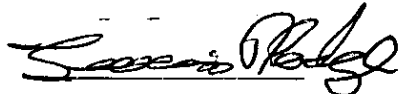
Enclosed are the following:

1. Uniform Business Report for the corporation referenced above.
2. \$450 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company) because we never received the Uniform Business Report. Thank you.

Sincerely,

By:



Name:

Travis Hodge

Title:

Owner

Date:

3-19-01