

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V45896

FILED
Dec 20, 2005
Secretary of State

Entity Name: TAMPA WHOLESALE NEON, INC.

Current Principal Place of Business:

1923 N. 60TH ST.
TAMPA, FL 33619 US

New Principal Place of Business:

6104 BLACKDAIRY RD
SEFFNER, FL 33584 US

Current Mailing Address:

PO BOX 79086
TAMPA, FL 33619 US

New Mailing Address:

PO BOX 177
SEFFNER, FL 33583 US

FEI Number: 59-3147887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINGO, C F
1923 N. 60TH ST.
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

WINGO, C F
6104 BLACK DAIRY RD
SEFFNER, FL 33584 US

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.

SIGNATURE: C.F. WINGO

12/20/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WINGO, C F,
Address: 1923 N. 60TH ST.
City-St-Zip: TAMPA, FL 33619 US

Title: PD () Delete
Name: HENLEY, DEBORAH,
Address: P.O. BOX 16174 N/A
City-St-Zip: TAMPA, FL 33687

Title: VP () Delete
Name: WINGO, JAMES C
Address: 309 E HUNTER RD
City-St-Zip: PLANT CITY, FL 33565

Title: S () Delete
Name: WINGO, AMY
Address: 4708 E. SEWARD
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WINGO, C F,
Address: P.O BOX 177
City-St-Zip: SEFFNER, FL 33583 US

Title: PD (X) Change () Addition
Name: HENLEY, DEBORAH,
Address: P.O. BOX 177
City-St-Zip: SEFFNER, FL 33584

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.F. WINGO

D

12/20/2005

Electronic Signature of Signing Officer or Director

Date