PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 17 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064657

1. Corporation Name

2 Guys & A Truck Inc.

300023870633
10/17/03--01022--013 **150.00

2. Principal Office Address	3. Mailing Office Address
9632 NW 7th Circle	9632 NW 7th Circle
Suite, Apt. #, etc. # 1728	Suite, Apt. #, etc. # 1728
City & State Plantation FL	City & State Plantation FL
Zip 33324 Country Broward	Zip 33324 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 6-27-01

5. FEI Number: 651123654 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Travis Scott Cox

Street Address (P.O. Box Number is Not Acceptable): 9632 NW 7th Circle

Suite, Apt. #, Etc.: # 1728

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Travis Cox Date: 10/14/03

REGISTERED AGENT MUST SIGN

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
P	Travis Cox	9632 N.W. 7th cir #1728	Plantation, Fl. 33324

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 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: Travis Cox Travis Cox 10/14/03 561-502-7053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (10/01)

JH