PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 MAY 12 PM 1:52

DOCUMENT # 656896

1. Corporation Name

Truck Wholesalers, Inc

8132 NO. Orange Blossom Trail
1090 Rainer Drive

REINSTATEMENT 03-04

6000037004936
05/21/04--01091--023 **900.00

2. Principal Office Address 8132 NO. Orange Blossom Trail	**3.** Mailing Office Address 1090 Rainer Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** Date Incorporated or Qualified To Do Business in Florida May 12, 2004
City & State Orlando, Florida	City & State Altamonte Springs, Fl	**5.** FEI Number 591986049 / Applied For / Not Applicable
Zip 32810 / Country USA	Zip 32714 / Country USA	**6.** CERTIFICATE OF STATUS DESIRED ☐ / $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Vallancourt, Todd Alfred

Street Address (P.O. Box Number is Not Acceptable)
114 Romney Marsh Rd

Suite, Apt. #, Etc.

City Longwood	State FL	Zip Code 32779

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 _____ REGISTERED AGENT MUST SIGN   Date 5-11-04

CR2E081 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	Vallancourt, Todd A.	114 Romney Marsh Road	Longwood, Fl 32779
STD	Vallancourt, Gary A.	3446 Holliday Avenue	Apopka, Fl 32703

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 807 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 807.0401 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: _____ Todd Vallancourt 5-11-04 407-682-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #