

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 AM 8:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **847856**

1. Corporation Name

RECHTIEN INTERNATIONAL TRUCKS, INC.

Principal Place of Business

7227 NW 74TH ST
MIAMI FL 33166

Mailing Address

7227 NW 74TH ST
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1980

5. FEI Number

59-2044408

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	RECHTIEN, RICHARD C.	10895 SW 69TH COURT	MIAMI FL
STD	MUNIZ, JULIO	12971 SW 2ND TERRACE	MIAMI FL
D	RECHTIEN, RICHARD B.	9513 SW 118 PLACE	MIAMI FL
D	RECHTIEN, JOYCE	10895 SW 69TH COURT	MIAMI FL
D	CHARMAN, JOHN	15200 SW 87TH AVE	MIAMI FL
D	RECHTIEN, MARK J	6630 S.W. 85TH STREET	MIAMI FL 33143

8. Name and Address of Current Registered Agent

BARTTHET, PATRICK C ESQ
200 S. BISCAYNE BLVD
STE 1800
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/26/2000

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.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-26-2000

Daytime Phone #

85-888-0111

CR2ED40 (8/00)