CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F52159

1. Corporation Name

CERTIFIED TRUCK SALES, INC.

FILED

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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

Suite, Apt. #, etc. Attn: Paul Baker City & State Fort Lauderdale, FL Suite, Apt. #, etc. Attn: Paul Baker City & State Wilton Manors, FL Suite, Apt. #, etc. Attn: Paul Baker To Do Business in Florida 11/03/81 Applied For 59-2141615 Not Applicable	Z. Principal Office Address			3. Mailing Office Address		l l		
Attn: Paul Baker City & State Fort Lauderdale, FL Zip 33314 Country The state of State of Country Solicate Country Country Solicate Country Country Country Country Solicate Country Country	3290 SW 50th Avenue			11.01 NW 29th Court		DEMICTA	TEMENT	QQ-D
To Do Business in Florida To Do Business in Florida 11/03/81 Fort Lauderdale, FL Wilton Manors, FL To Do Business in Florida 11/03/81 5. FEI Number 59-2141615 Not Applicable To Paul Shien vold, Esquire Michael Paul Shien vold, Esquire Street Address (P.O. Box Number is Not Acceptable) 2411 Holly wood Boulevard Suite, Apt. #, Etc. To Do Business in Florida 11/03/81 Sp. FEI Number 59-2141615 CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status 800003334843-1 1 Street Address (P.O. Box Number is Not Acceptable) 2411 Holly wood Boulevard Suite, Apt. #, Etc.	Suite, Apt. #, etc.			1		DC1179TE	I CIMENT	90100
Tort Lauderdale, FL Wilton Manors, FL 59-2141615 Country 33311 Country 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Name Michael Paul Shienvold, Esquire Street Address (P.O. Box Number is Not Acceptable) 2411 Hollywood Boulevard Suite, Apt. #, Etc. City State Zip Code						4. Date Incorporated or Qualified To Do Business in Florida 11/03/81		
Fort Lauderdale, FL Wilton Manors, FL 59-2141615 Not Applicable Top 33314 Country 33311 Top 3331	City & State			City & State		F		, , , , , , , , , , , , , , , , , , ,
33314 7. Name and Address of Current Registered Agent Name Michael Paul Shienvold, Esquire Street Address (P.O. Box Number is Not Acceptable) 2411 Hollywood Boulevard Suite, Apt. #, Etc. City State Zip Code	Fort Lauderdale, FL			Wilton Manors, FL-		59-2141615		
To a Certificate of Status To a Certificate of Status	Zip		Country		Country	6.	S8.75 A	dditional Fee required
Name Michael Paul Shienvold, Esquire 300033348431 Street Address (P.O. Box Number is Not Acceptable) -07/25/0001047003 2411 Hollywood Boulevard *****900.00 *****300.00 Suite, Apt. #, Etc. State Zip Code	33314			33311		CERTIFICATE OF STA		
Michael Paul Shienvold, Esquire 3000033348431 Street Address (P.O. Box Number is Not Acceptable) -07/25/0001047003 2411 Hollywood Boulevard ****\$900.00 *****90.00 Suite, Apt. #, Etc.				7. Name and	Address of Current Regis	stered Agent		
Street Address (P.O. Box Number is Not Acceptable)					Shienvold, Esquire			
2411 Hollywood Boulevard *****900.00 *****900.00 Suite, Apt. #, Etc. City State Zip Code		l	Michael Paul	Shienvold,			300003334843{-1	
Suite, Apt. #, Etc. City State Zip Code								
City State Zip Code						******		#***30 . UU
		Suite, Apt	. #, Etc.					į į
	-3-1 -2-1							
Hollywood FL 33020								

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

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REGISTERED AGENT MUST SIGN

Page 1

Street Address of Each

Name of Street Address of Each

Street Address of Each

	Name of	Street Address of Each	City / State / Zip	
Titles	Officers and/or Directors	Officer and/or Director		
Р	Paul Baker	1101 NW 29th Court	Wilton Manors, FL 33311	
D	Otti Arnott	1480 Sheridan St., B-26	Hollywood, FL 33020	
Č D	Lila Reasbeck	153 Crestview Terrace	Lake Placid, FL 33852	
S/T %	Sandra Greene	910 NW 116 Terrace	Plantation, FL 33325	
D	Charles Greene	910 NW 116 Terrace	Plantation, FL 33325	
D	Robert Fegers	5916 McEnroe Court	Leesburg, FL 34748	

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 filling 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.

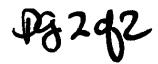
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/00

Daytime Phone #

(9/99) (8/99)



(Continuation)

9. Names and Street Addresses of Each Officer and/or Director

Title	s Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ruth Fegers	5916 McEnroe Court	Leesburg, FL 34748