

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PS 142

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL -5 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F52159

1. Corporation Name

CERTIFIED TRUCK SALES, INC.

2. Principal Office Address

3290 SW 50th Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33314

Country

3. Mailing Office Address

1101 NW 29th Court

Suite, Apt. #, etc.

Attn: Paul Baker

City & State

Wilton Manors, FL

Zip

33311

Country

REINSTATEMENT

99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/03/81

SP

5. FEI Number

59-2141615

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Paul Shienvold, Esquire

300003334843-1

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

2411 Hollywood Boulevard

-07/25/00--01047--003

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code

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**

Michael Paul Shienvold

Date 6/26/00

REGISTERED AGENT MUST SIGN

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
P	Paul Baker	1101 NW 29th Court	Wilton Manors, FL 33311
D	Otti Arnott	1480 Sheridan St., B-26	Hollywood, FL 33020
ED	Lila Reasbeck	153 Crestview Terrace	Lake Placid, FL 33852
3/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 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

Paul T. Baker, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/26/00

Daytime Phone #

254-524-6711

CR2E081 (9/99)

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(Continuation)

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

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