

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR -9 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 668365
1. Corporation Name
TRINITY TRUCK AND TRADING INC.

Principal Place of Business Mailing Address
4512 HENDERSON BLVD.
C/O CHARLENE KELLNER
TPA FL 33629-3510
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 9/98
aw

2. New Principal Office Address, If Applicable
17010 WHIRLEY RD
Suite, Apt. #, etc.
City & State
Lutz, FL
Zip
33549
Country
USA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
WLA
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
11/08/94

5. FEI Number
59-2368604
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	GEORGE A KELLNER	17010 WHIRLEY RD	Lutz FL 33549
S	CHARLENE D, KELLNER	17010 WHIRLEY RD	Lutz, FL 33549

8. Name and Address of Current Registered Agent
CHARLENE D. KELLNER
4512 HENDERSON BLVD.
TPA 33629

9. Name and Address of New Registered Agent
Name
CHARLENE D. KELLNER
Street Address (P.O. Box Number is Not Acceptable)
17010 WHIRLEY RD
Suite, Apt. #, Etc.
City
Lutz
State
FL
Zip Code
33549

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: Charlene D. Kellner
REGISTERED AGENT MUST SIGN
Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: George A. Kellner (GEORGE A. KELLNER)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
2/22/98 (813) 962-4846
Daytime Phone #

CR2E040 (1/98)