
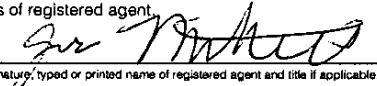
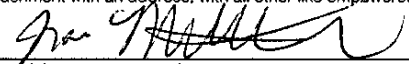


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
05 SEP 30 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09222005 REIN-P CR2E098 (6/04)

DOCUMENT # J67211			
1. Entity Name ALL AMERICAN TRUCKS & EQUIPMENT COMPANY OF TAMPA, INC.			
Principal Place of Business 16506 LAKESHORE ROAD TAMPA, FL 33624		Mailing Address 16506 LAKESHORE ROAD TAMPA, FL 33624	
2. Principal Place of Business 12532 US Hwy 41 Suite, Apt. #, etc.		3. Mailing Address 12726 172nd St Suite, Apt. #, etc.	
City & State Spring Hill FL		City & State McALPIN FL	
Zip 34610	Country PASCO	Zip 32062	Country SUWANNEE
4. FEI Number 59-2789017		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILITELLO, JOSEPH, JR. 16506 LAKESHORE ROAD TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Joseph Militello Jr. Street Address (P.O. Box Number is Not Acceptable) 12726 172nd St City McALPIN FL Zip Code 32062	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 9/26/05	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME MILITELLO, JOSEPH, JR. STREET ADDRESS 16506 LAKESHORE ROAD CITY-ST-ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE PRESIDENT NAME Joseph Militello Jr. STREET ADDRESS 12726 172nd St CITY-ST-ZIP McALPIN, FL 32062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME ROSALES, ANGELO STREET ADDRESS 16506 LAKESHORE ROAD CITY-ST-ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT NAME Angelo Rosales STREET ADDRESS 12532 US Hwy 41 CITY-ST-ZIP Spring Hill FL 34610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME ROSALES, VINCENT STREET ADDRESS 2128 ARMENIA PLACE CITY-ST-ZIP TAMPA, FL	<input type="checkbox"/> Delete	TITLE SEC/TREAS NAME VINCENT ROSALES STREET ADDRESS 2128 ARMENIA PLACE CITY-ST-ZIP TAMPA FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 9/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	