

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J67211**

1. Corporation Name

**ALL AMERICAN TRUCKS AND
EQUIPMENT COMPANY OF TAMPA, INC**

2. Principal Office Address

16506 LAKE SHORE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

16506 LAKE SHORE ROAD

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33624

Country

USA

Zip

33624

Country

USA

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

4-14-87

5. FEI Number

59-2789017

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

Joseph Militello, Jr.

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

16506 LAKE SHORE ROAD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

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

Joseph Militello, Jr.

REGISTERED AGENT MUST SIGN

Date

4-21-03

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/D	Joseph Militello, Jr.	16506 LAKE SHORE ROAD	TAMPA, FLORIDA 33624
V/D	ANGEL ROSALES	16506 LAKE SHORE ROAD	TAMPA, FLORIDA 33624
B/T/D	VINCENT ROSALES	2128 ARMEDIA PLACE	TAMPA, FLORIDA

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:

Joseph Militello, Jr.

Joseph Militello Jr 4/21/03

Date

813-363-6558

Daytime Phone #

CR2E081 (10/02)

4-22-03

Ms. Williams:

As per our phone conversation this signed form is to replace the unsigned one that was mailed in error.

Please match this with my check # 5154 in the amount of \$2258.75 and process same.

Thanks for your help.

Sincerely,

Nancy Mittele