

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 10 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-02

DOCUMENT # J83369

1. Corporation Name

Southern Auto & Truck Brokers Inc.

2. Principal Office Address

P.O. Box 9

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

City & State

Zip

34682

Country

Pmellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-30-87

5. FEI Number

59-2882447

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

Thomas D. Hicks Jr.

600005971086-7

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

2422 Falcon LN.

06/25/02 01038 023

***1050.00 ***1050.00

Suite, Apt. #, Etc.

City

Palm Harbor, FL

State

FL

Zip Code

34683

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

Thomas D. Hicks Jr.

Date 6-6-02

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
V/S/D	Teresa A. Hicks	1975 Valley Dr.	Dunedin, FL 34698
P/T/D	Thomas D. Hicks Jr.	2422 Falcon LN	Palm Harbor, FL 34683
			900.00 - Adm
			61.25 - AR
			88.75 - AR & PP

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:

Thomas D. Hicks Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-6-02

Daytime Phone #

CR2E081 (9/01)