

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 16 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 184718

1. Corporation Name

L.M. Gentry Truck & Equipment Sales Inc.

2. Principal Office Address

10710 Walker RD

Suite, Apt. #, etc.

City & State

Thonotosassa Fl.

Zip

33592

Country

Hillsborough

3. Mailing Office Address

10710 Walker RD

Suite, Apt. #, etc.

City & State

Thonotosassa Fl.

Zip

33592

Country

Hillsborough

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

May 2 1989

5. FEI Number

592944481

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

Ruby I Gentry

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

1615 Ceder ST

Suite, Apt. #, Etc.

City

Lake Placid

State
FL

Zip Code
33852

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

Ruby I Gentry

REGISTERED AGENT MUST SIGN

Date **12-06-02**

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
DP	Louis.M. Gentry	1615 Ceder St.	Lake Placid FL. 33852
DVP	Ruby I Gentry	1615 Ceder St.	Lake PLacid FL. 33852
DVP	Dewayne Gentry	2010 russell dr.	Tampa FL. 33618
DST	Kimberly Gentry	2010 russell dr.	Tampa FL. 33618

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:

Kimberly Gentry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-6-02

Daytime Phone #

800 865 7458

CR20081 (10/02)