

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR AS
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L46074

1. Corporation Name **INTERTRUCK PARTS, CORPORATION**
1245
MIAMI, FL 33166

Principal Place of Business Mailing Address
1245 THRUSH AVE.
MIAMI, FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1-23-1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0172888	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	CARLOS ORCHARD	1245 THRUSH AVE	MIAMI, FL 33166

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-05/08/98--01009--008
***1208.75 ***1208.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

CHARLES ORCHARD
1245 THRUSH AVE
MIAMI, FL 33166

9. Name and Address of New Registered Agent

Name
CARLOS ORCHARD
Street Address (P.O. Box Number is Not Acceptable)
1245 THRUSH AVE.
Suite, Apt. #, Etc.

City
MIAMI
State
FL
Zip Code
33166

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 *Charles A. Orchard*
REGISTERED AGENT MUST SIGN

Date **5-04-98**

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: *Charles A. Orchard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-04-98
Date

(305) 599-0839
Daytime Phone #

CR2040 (1/98)