


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
06 OCT 16 AM 11:23  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000000321

1. Corporation Name

TRUCKS-R-US, INC.

2. Principal Office Address

2257 JACOBS ST.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Zip

33954

Country

Charlotte

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650972268

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Manuel Cadenas

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

2257 JACOBS STREET

Suite, Apt. #, Etc.

City

Port Charlotte,

State

FL

Zip Code

33954

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

*Manuel Cadenas*

REGISTERED AGENT MUST SIGN

Date 10/11/06

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.S.	MANUEL CADENAS	2257 JACOBS ST.	Port Charlotte, FL 33954
			700081154987 10/24/06--01045--022 **300.00
	<i>\$10k</i>		700081154987 10/24/06--01045--023 **750.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #