

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000006593

1. Corporation Name
Specialty Truck Repair, Corp.

2. Principal Office Address

301 Lafayette Dr.
Suite, Apt. #, etc.

City & State

Miami Springs, FL

Zip
33166

Country

US

3. Mailing Office Address

301 Lafayette Dr.
Suite, Apt. #, etc.

City & State

Miami Springs, FL

Zip

33166

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/00

5. FEI Number

650975445

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

Reynaldo E. Juana Alvarez

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

301 Lafayette Drive

Suite, Apt. #, Etc.

City

Miami Springs

State
FL

Zip Code

33166

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

8/9/05

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	Reynaldo Alvarez	301 Lafayette Dr	Miami Springs, FL 33166
VP	Juana Alvarez	"	"

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/9/05 786-295-4768

Daytime Phone #

FILED

05 AUG 15 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05

800058589588
08/15/05--01054--004 ***800.00

CR2E061 (01/05)

August 9th, 2005

Florida Department of State
Division of Corporation
P.O.Box 6327
Tallahassee, FL 32314

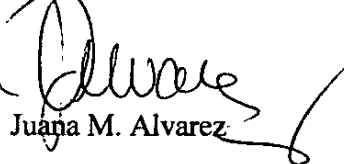
Dear Friends:

Attached please find the request for Reinstatement of our corporation. We did not receive any notification in the past about the annual report filing.

Please reinstate this corporation.

Thank you.

SPECIALTY TRUCK REPAIR, CORP.



Juana M. Alvarez