PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 20 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021320

1. Corporation Name

John truck & car Sales, Inc
W05000047300

09-19-05 01061 005 $300.00
REINSTATEMENT 04-05

CR2E081 (8/05)

2. Principal Office Address	**3.** Mailing Office Address
155 W 51st	155 W 51st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL	City & State: Hialeah FL.
Zip: 33012 Country: USA	Zip: 33012 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2-24-00

5. FEI Number: 65-0985973 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Juan A. Molina

200006108649 2
11/02/05--01004--006 **60.00

Street Address (P.O. Box Number is Not Acceptable): 155 W 51st

Suite, Apt. #, Etc.:

City: Hialeah | State: FL | Zip Code: 33012

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 _____ Date _____

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
PS	Lirdcibys Valdes	155 W 51st	Hialeah FL 33012
VT	Juan A. Molina	155 W 51st.	Hialeah FL 33012

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: _____ 10-19-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mitchell OCT 20 2005