

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002UBR

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOCUMENT # P00000040973

1. Corporation Name TRUCK SYSTEMS & REPAIRS, INC
TRUCK SYSTEMS & REPAIRS INC

MAIN STREET TO STATE AVENUE SHIPPERS, INC

Principal Place of Business Mailing Address

~~2311 S.W. 58TH AVENUE~~ ~~2311 S.W. 58TH AVENUE~~
~~HOLLYWOOD FL 33023~~ ~~HOLLYWOOD FL 33023~~

2421 N.W. 96TH TER. P.O. BOX 848637
PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL

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

2421 N.W. 96TH TER. P.O. BOX 848637

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

PEMBROKE PINES, FL PEMBROKE PINES

Zip Country Zip Country

33024 USA 330848637 USA

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	City / State / Zip
<u>D</u>	<u>PHILLIPS, INGRID</u>	<u>2311 S.W. 58TH AVENUE</u>	<u>HOLLYWOOD FL 33023</u>
<u>P</u>	<u>RUPERT WILLIAMS</u>	<u>2421 N.W. 96TH TER.</u>	<u>PEMBROKE PINES FL 33024</u>
<u>VP</u>	<u>NYOKA WILLIAMS</u>	<u>2421 N.W. 96TH TER</u>	<u>PEMBROKE PINES FL 33024</u>
<u>S</u>	<u>RUPERT WILLIAMS</u>	<u>2421 N.W. 96TH TER</u>	<u>PEMBROKE PINES FL 33024</u>

8. Name and Address of Current Registered Agent

PHILLIPS, INGRID
2311 S.W. 58TH AVENUE
HOLLYWOOD FL 33023

9. Name and Address of New Registered Agent

Name Nyoka Williams
Street Address (P.O. Box Number is Not Acceptable) 2421 N.W. 96TH TER.
Suite, Apt. #, Etc.
City PEMBROKE PINES State FL Zip Code 33024

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. or 617.0505, F.S.

Signature of Registered Agent Nyoka Williams **SIGNATURE REQUIRED** Date 12-02-02
REGISTERED AGENT MUST SIGN

11. 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: RUPERT WILLIAMS **SIGNATURE REQUIRED** Date 12/02/02 Daytime Phone # 954 347 3130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
02 DEC 18 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



8637 00009347361
12/04/02--01042--007 **158.75

4. Date Incorporated or Qualified To Do Business in Florida 04/20/2000

5. FEI Number 59-1826688 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

CR2E040 (8/02)

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TRUCK SYSTEMS & REPAIRS, INC.

2311 S.W. 58th Avenue
Hollywood, FL. 33023
Tel: (945) 499-4430 Fax: (954) 499-5561
Abornworldleader@msn.com

December 2, 2002

Florida Department of State
Jim Smith
Secretary of State
Division of Corporation

Document # P00000040973


Attn: **Mr. Andy Dunlap (Reinstatement)**

Dear Sir,

Please be advised that we **never receive our 2002 annual report forms or notices** from the Florida Department of State since our last filing. Therefore we are requesting reinstatement effective immediately upon receipt of our reinstatement application and annual fees by your department. Also please note our name change and change of director.

Thank you,

Respectfully



Ingrid Phillips (President)