

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000019100

1. Corporation Name

FORT MYERS TRUCK SERVICE, INC.

Principal Place of Business

944 COUNTRY CLUB BLVD.
CAPE CORAL FL 33990

Mailing Address

944 COUNTRY CLUB BLVD.
CAPE CORAL FL 33990

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

2. New Principal Office Address, If Applicable

~~441 DEL PRADO BLVD NORTH~~

Suite, Apt. #, etc.

SUITE # 8

City & State

CAPE CORAL FLORIDA

Zip

33909

Country

USA

3. New Mailing Office Address, If Applicable

~~441 DEL PRADO BLVD NORTH~~

Suite, Apt. #, etc.

SUITE # 8

City & State

CAPE CORAL, FL

Zip

33909

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/2001

5. FEI Number

65-0831610

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CRIOLLO, MANUEL N	615 SE 21ST TERRACE	CAPE CORAL FL 33990
D	CALDERON, JOSELIN	2209 SE 3RD TERRACE	CAPE CORAL FL 33990
D	CRIOLLO, MANUEL J	1715 SE 8TH AVE.	CAPE CORAL FL 33990
D	CALDERON, RAFAEL	4937 VICEROY CT., APT. B	CAPE CORAL FL 33904

8. Name and Address of Current Registered Agent

CRIOLLO, MANUEL N
944 COUNTRY CLUB BLVD.
CAPE CORAL FL 33990

9. Name and Address of New Registered Agent

Name

CRIOLLO, MANUEL N.

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

441 DEL PRADO BLVD, SUITE # 8, NORTH

Suite, Apt. #, Etc.

C SUITE # 8

City

CAPE CORAL

State

FL

Zip Code

33909

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

[Signature] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/02

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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-02 239-458-7424

CR2E040 (8/02)