## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINS	TAT	EME	NT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P01000057841

1. Corporation Name

A-1 TRUCK RESAIR & TOWING SERVICE

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

		DI:INICT	TEWENT_	07		
2- Principal Office Address	Walling Office Address		A G EPAAREOR G			
4001 SELVITZ RA.	P.O. Box 13467	5/05/2	7 011450	N 150 10		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5/05/03 9/145 024 150, 00			
			4. Bate Incorporated or Qualified To Do Business in Florida			
City & State	City & State	5. FEI Number	5. FEI Number Applied For			
F.J. Flekce, pl.	FT. PIENCE, FL.	56-	56-20557/5 Not Applicable			
F.F. PIERCE, FC.  Zip Country ST. CUCIE	34981   ST. WCI &	6. CERTIFICATE	OF STATUS DESIRED S8.	75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent						
Name RICK JUSTUS						
Street Address (P.O. Box Number is N	<del></del>		#####################################			
Street Address (P.O. Box Number is Not Acceptable)  300024968723 11/21/0301028017 **8.79						
Suite, Apt. #, Etc.						
City FT. PIELCE			State Zip Code 3498	'/		
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				2 03		
Registered Agent Hist Date 1/-12-03  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		City / State / Zip			
Pas. LICK JUSTUS	1734 SW MILLIKIN	4UE.	PSL. FL. 3	34955		
SECT. RICK. JUSTUS	1731 SW MILLI KI	~ AUE.	PSL. FL.	<u> </u>		
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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 filling 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: Kily Jank			11-12-03	B		
SIGNATURE AND PPED OR PRI	NTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day	time Phone #		



Nous 15, 2003 A-1 Truck AND Towing Service INC 4001 SElvitz Rd Fort PIERCE, Fla 34981 772-429-3116

ACD

To The personal AND CONFIDENTIAL AHEN. OF -TINA. Roberts -

Dear Ms. Rina Roberts As pier your Conver-Station with Kim INOUR DEFICE Wed . We Have Downhooded the REINStatement Form And completed It. For whatever Reason We did Not RECEIVEE YOUR REQUEST For More Infomation And assumed That the corporation was in (active) Status, Kindly process This Form AND move us to active status. We appreciate all of your help AND apologize For ANY INCONVENIENCE Due to our short Time alloted Bythe Dept of Ag. We are sending this Federal Express along with a Federal Express Envelop pre-pa, d, For you to Fed-Ex Rack to US

A certificate of active status - JOVER