

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 16 PM 1:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PO1000117635

1. Corporation Name

1st Coast Truck & Auto Repair Inc

2. Principal Office Address

1455 EASTPORT RD

Suite, Apt. #, etc.

Suite #2

City & State

JACKSONVILLE, FL.

Zip

32218

Country

USA

3. Mailing Office Address

14227 MAY ACRES LN.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

Zip

32218

Country

USA

REINSTATEMENT 07-04

4. Date Incorporated or Qualified
To Do Business in Florida

12-12-2001

5. FEI Number

59-3761011

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

Louise Gelaro

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

14227 MAY ACRES LN.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32218

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

Louise Gelaro
REGISTERED AGENT MUST SIGN

Date

10/9/03

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
VP	BRIAN L. GELARO	15 HYATT LANE	JACKSONVILLE, FL. 32218
VP	Louise Gelaro	14227 MAY ACRES LN.	JACKSONVILLE, FL. 32218

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:

Louise Gelaro
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

12-29-03

Daytime Phone #

904-563-3121

CR2E081 (10/02)