

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB 25 PM 4:09

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000039759

1. Corporation Name

MCTRUCK, INC.

2. Principal Office Address

516 OLD ORCHARD LN

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32819

Country

USA

3. Mailing Office Address

516 OLD ORCHARD LN

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32819

Country

USA

**REINSTATEMENT**

05

4. Date Incorporated or Qualified  
To Do Business in Florida

04-04-2002-

5. FEI Number

38-3655626

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD H MANN

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

1311 E SECOND STREET

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 2-23-05

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
P	MCCOLLUM, PHILIP M	516 OLD ORCHARD LANE	ORLANDO, FL 32819

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

*Philip M. McCollum* Philip M. McCollum

2-23-05

321-287-5452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR1001 (01/05)