

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000051667**

1. Corporation Name

**SOUTH FLORIDA TRUCK & EQUIPMENT COMPANY, INC.**

Principal Place of Business

Mailing Address

7015 ADAMO DR  
TAMPA FL 33619

7015 ADAMO DR  
TAMPA FL 33619



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

**REINSTATEMENT** 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

16-1660468

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HOWE, MICKEY D	7015 ADAMO DR	TAMPA FL 33619

000025328020  
12/08/03--01068--020 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOWE, MICKEY D  
7015 ADAMO DR  
TAMPA FL 33619

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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]*  
REGISTERED AGENT MUST SIGN

Date 12-2-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-2-03

CR2ED40 (7/03)

**SOUTH FLORIDA TRUCK & EQUIPMENT COMPANY,  
Inc.**

**7015 Adamo Drive  
Tampa, FL 33610  
Phone 813-621-3034  
Fax 813-623-3483**

December 3, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P O Box 6327  
Tallahassee, FL 32314-6327

Dear Sirs;

Please be advised that we did not receive our 2003 corporation annual report/uniform business report. We went through a turn over in personnel during this time therefore it was not noticed that this form was missing.

We will do our best to see that this form is filed in a timely manner in the future.

Sincerely,



Mickey D. Howe  
South Florida Truck & Equipment Company, Inc.