PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 10 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000077092

1. Corporation Name
Action Forklift Service INC

2. Principal Office Address	3. Mailing Office Address
620 NW 93rd Terr	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines	City & State
Zip: FL / Country: 33024	Zip / Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 20-0089061 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $[illegible]

7. Name and Address of Current Registered Agent

Name: Ronald Morla

100075030131
05/22/06--01047--018 **150.00

Street Address (P.O. Box Number is Not Acceptable): 620 NW 93rd Terrace

Suite, Apt. #, Etc.

City: Pembroke Pines | State: FL | Zip Code: 33024

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: X [signature] Date: 5/2/06
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	Ronald Morla	3000 North 73rd Ave	Hollywood, FL 33024
D	Ralph Morla	620 NW 93rd Terr	Pembroke Pine, FL 33024

5/5/06

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 contained in Chapter 119, 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: X [signature] 5/2/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #