

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 30 AM 8:41

DOCUMENT # P05000021722

1. Corporation Name

ALL CONSTRUCTION TRUCK & EQUIP CORP

2. Principal Office Address - No P.O. Box #

13695 N.W. 102 AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

13695 N.W. 102 AVE.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33018

Country

U.S.A.

Zip

33018

Country

U.S.A

000163184530  
11/30/09--01047--015 \*\*300.00  
CR2E081 (11/09)  
**REINSTATEMENT** 08-09  
4. Date Incorporated or Qualified  
To Do Business in Florida 2006

5. FEI Number

65-1248851

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

ANDRES GARCIA

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

13695 N.W. 102 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33018

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/19/2009

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	ANDRES GARCIA	13695 N.W. 102 AVE.	MIAMI FL 33018

10. E-mail Address: ROSIESOSA5@YAHOO.COM

(To be used for future annual report notification)

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. I further certify, 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:

ANDRES GARCIA

11/19/2009 7866631659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #