

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR -5 AM 11:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO6000022072

1. Corporation Name

Empire Truck & Industrial Parts, Inc.

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

921-922 Ponce De Leon Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

921-922 Ponce De Leon Blvd
Suite, Apt. #, etc.

City & State

Brooksville, Fl.

Zip Country

34601 Hernando

City & State

Brooksville, Fl.

Zip Country

34601 Hernando

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

204325857

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 Jason H. Freyre

Street Address (P.O. Box Number is Not Acceptable)
921-922 Ponce De Leon Blvd.

Suite, Apt. #, Etc.

City
Brooksville

State
FL

Zip Code
34601

☒ 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 3/30/10

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
PD	Anthony Jacobs	921-922 Ponce De Leon Blvd.	Brooksville, Fl. 34601
STD	Jason H. Freyre	921-922 Ponce De Leon Blvd.	Brooksville, Fl. 34601

10. E-mail Address:

(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

Anthony Jacobs Anthony Jacobs

3/30/10

352-796-4909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jason Freyre

3.30.10

4/7aw