	-RI FASE READ A	ALLINST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
AR	PACE ON A SECOND A SE	FLORIDA		NT OF STATE tham		APPROVED AND FILED	0	
HEIN	STATEWENT	DI\	VISION OF CORPO	RATIONS	1997 1	10V -3 PH 5: 35		
DOCUMENT # <b>P9400010538</b> 1. Corporation Name					SECR	ETARY OF STATE HASSEE, FLORIDA		
TRU-VALUE CAR & TRUCK SALES, INC.					INLLA	HASSEE, FLORIDA		
Principal Place of Business Mailing A 36961 US HWY 19-17 36961 US			HWY 19-N		1 16884801 14	B 1811 81811 81811 88111 88111 8818 1881	<b>2018</b>   <b>  1</b> 71 <b>00</b> 1110  1011 1110	
	BOR FL 34684-1238	PALM HARBOR FL 34684-1238 US						
If above addresses are incorrect in any way, line through incorrect information and enter correction below								
			ng Office Address, If		Date Incorporated or Qualified     To Do Business in Florida			
Sulte, Apr		Suite, Apt. #, e	» A M	2	5. FEI Number	<del></del>	02/1994 Applied For	
2 Contract	R109	City & State	SHI		6.	59-3271344	Not Applicable	
<sup>2</sup> 340	683 ANELIAS	Zip	Country	у	•	OF STATUS DESIRED 6	5 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers Street Address of Each								
Title(s)	2 3 (Do NOT U			licer and/or Director se Post Office Box N	or City / State / Zip Numbers) 4			
PD	GRAMER, CHARLES 1395 TREETOR			DR.	PALM HARBOR FL 34683			
					41	*****165.00	<del>5 1'4 3</del>  099010  ****165,00	
4							$\Omega$	
							183h	
							///~	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
SPANOLIOS, JAMES J					.O. Box Number I	s Not Acceptable)		
36358 U.S. 19 NORTH PALM HARBOR FL 34684 Suit				Suite, Apt. #, Etc.	Suite, Apt. #, Etc.			
City				City				
10. I, being appointed the registered again of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S.								
Signature of Registered Agent Hawles REGISTERED AGENT MUST SIGN  Date 10.28-97								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No (See other side for information on Intangible tax.)								
12. 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 filling 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  Dalo  Daytime Phone #								

I Have HAD this CORP. Since 1994 AND HOPE I will Be ABLE to Continue to Use it. AND WOULD HAVE this YORA, But I Moved, AND the FORMS Were Rotreves. to your office. The Alternative is To Stant ANOW CORP. More Papareont. Pluse Help Thank