

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV -7 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000055199**

1. Corporation Name

TOYS FOR TRUCKS, INC.

Principal Place of Business

Mailing Address

~~4320 SW 64 AVE~~
~~DAVIE FL 33314~~
~~US~~

4320 SW 64 AVE
DAVIE FL 33314



300002003863--1

-11/13/96--01192--007

***375.00 ***375.00

07/25/1994

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

2. New Principal Office Address, If Applicable

4320 SW 64 Ave
Suite, Apt. #, etc.
DAVIE FL 33314
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

05-0510807

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
1	LOTTERER, GWNE	110 LANE EMERALD DRIVE SUITE 207	ONEVND PARK FL 33309
Pres	Mike Mazzatenta	3810 N 65 Ave	Hollywood FL 33024
V-Pres	Nick Lacorsa	4320 SW 64 AVE	DAVIE FL 33314
V-Pres	Michael Buford	4241 SW 82 Way	DAVIE FL 33328

REINSTATEMENT

8. Name and Address of Current Registered Agent

~~LOTTERER, GWNE~~ **MIKE MAZZATENTA**
~~4000 SW 64 AVE~~ **4320 SW 64 Avenue**
~~DAVIE FL 33314~~ **DAVIE FL 33314**

9. Name and Address of New Registered Agent

Name **Michael A. Mazzatenta**
Street Address (P.O. Box Number is Not Acceptable)
4320 SW 64 Ave
Suite, Apt. #, Etc.
City **DAVIE** State **FL** Zip Code **33314**

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.

Signature of Registered Agent

REQUIRED

REGISTERED AGENT MUST SIGN

Date **9/25/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/96

Daytime Phone #