


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR <u>96-97</u> REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Montano</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P94000080601			
1. Corporation Name <b>A &amp; L AUTO TRUCK SALES INC.</b>			
Principal Place of Business <b>10024 US 301 NORTH TAMPA, FL 33637</b>		Mailing Address <b>10024 US 301 NORTH TAMPA, FL 33637</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>11/02/1994</b>		5. FEI Number <b>59-3292408</b>	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
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
D	JOHNSON, APRIL	10024 US 301 NORTH	TAMPA, FL 33637
			000002251020--0
			-07/29/97--01087--013
			****915.00 ****915.00
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOHNSON, APRIL 10024 US 301 NORTH TAMPA, FL 33637		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
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 <u>A. Johnson</u>		Date <b>7-21-97</b>	
REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (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: <u>April Johnson</u> <b>April Johnson</b> 7-11-97 (813) 989-1508			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

APPROVED  
AND  
FILED

1997 JUL 24 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E040 (12/96)