

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

20000132

FILED
00 OCT 20 PM 2:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000087173

1. Corporation Name

TRUCK-O-RAMA STORES, INC.

2. Principal Office Address

33 NW 10th Street

Suite, Apt. #, etc.

City & State

Ocala, FL 34475

Zip

34475

Country

USA

3. Mailing Office Address

2399 SE Woodlea Circle

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34471

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-01-94

5. FEI Number

65-0541117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

900003448009--6
-11/02/00--01007--015
****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name

CHARLES I. HOLDEN, JR., ESQ.

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

2772-SW 43rd Street

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

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

Charles I. Holden, Jr.

Date 10-19-2000

REGISTERED AGENT MUST SIGN

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/D/T	PATRICIA A. THOMPSON	2399 SE Woodlea Circle	Ocala, FL 34471
VP/D/S	H. TERRENCE O'BRIEN	1 North Dee Road #2E	Park Ridge, IL 60068-2869

10. 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:

Patricia A. Thompson President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/00 352-629-2235

Daytime Phone #

CR2E081 (9/99)