

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State,
DIVISION OF CORPORATIONS

FILED

05 MAR 10 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000002314

1. Corporation Name

C&H Trailer Parts and Service, Inc

WUS000010134

2. Principal Office Address

1305 SE Dixie Highway

3. Mailing Office Address

1305 SE Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

Martin

Zip

34994

Country

Martin

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-9-95

5. FEI Number

65-0545410

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas D. Charbonneau Sr

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

5160 SE Sterling Circle

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

000048846310
03/22/05--01019--014 **210 1.75

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

Thomas D Charbonneau Sr

Date 2-19-05

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	Thomas D. Charbonneau Sr	5160 SE Sterling Circle	Stuart, FL 34997
VP/S/T	Thomas D Charbonneau Jr	2374 SE Longhorn Ave	Port St Lucie, FL 34952

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:

Thomas D Charbonneau Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-19-05

772 223-4014

Daytime Phone #

CR2E081 (01/05)