

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR 96-97
REINSTATEMENT

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

APPROVED
AND
FILED

97 JUN 20 AM 9:11

DOCUMENT # P 95000057851

1. Corporation Name

A-A OK Trailer Rental + Leasing Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5717 Adamo Dr.
Tampa, FL 33619 (Same)

REINSTATEMENT 96-97

A. Alan
6/20/97

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7/26/95	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0677935	
Country		Country		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Carmen Mathews	5717 Adamo Dr	Tampa, Fla. 33619
Sut/Trs	Carl Mathews	5717 Adamo Dr	Tampa, Fla. 33619
V.P.			

500002221165--5
-06/24/97--01044--002
****\$15.00 ****\$15.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Carmen Mathews 5717 Adamo Dr Tampa, Fla. 33619		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

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 X Carmen Mathews
REGISTERED AGENT MUST SIGN

Date 6/16/97

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: X Carmen Mathews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/97/813-626-6262
Date Daytime Phone #

CR2E040 (12/96)