

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P95000078534

1. Corporation Name

TOMAHAWK TRUCK & TRAILER SALES, INC.

Principal Place of Business

Mailing Address

**5300 South Orange Blossom Trail
Orlando, FL 32805**

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

10-23-95

5. FEI Number

59-3339360

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
P/D	Rea Brookings	4382 S. Moreland Avenue	Conley, GA 30027
CFO	David Herring	4382 S. Moreland Avenue	Conley, GA 30027
VP	Jondavid Herring	4382 S. Moreland Avenue	Conley, GA 30027
VP	Paul Herring	4382 S. Moreland Avenue	Conley, GA 30027
VP	Stephen Herring	4382 S. Moreland Avenue	Conley, GA 30027
S/T	Karen Tully	4382 S. Moreland Avenue	Conley, GA 30027

8. Name and Address of Current Registered Agent

**John S. Schoene, Esquire
230 Lookout Place #200
Maitland, FL 32751**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

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

John Schoene

REGISTERED AGENT MUST SIGN

Date **x 2/11/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Karen A Tully
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/98 (800) 444-9052
Date Daytime Phone #

FILED

98 FEB 20 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

96-98

CR2E040 (1/98)