

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000025027**

1. Corporation Name

TRUCK & EQUIPMENT OF USA, INC.

Principal Place of Business

Mailing Address

**5718 SOMMERLAND HILLS DRIVE
LAKELAND FL 33813**

**5718 SOMMERLAND HILLS DRIVE
LAKELAND FL 33813**

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

03/20/1996

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	VEGA, HARRY	5718 SOMMERLAND HILLS DRIVE	LAKELAND FL 33813
SD	VEGA, HILDA	5718 SOMMERLAND HILLS DRIVE	LAKELAND FL 33813

600008626436
10/28/02 01087 016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~**SPIEGEL & UTRERA, P.A.**
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145~~

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33813

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02

*Truck & Equipment of USA, Inc.
5718 Summerland Hills Dr.
Lakeland, Florida 33813
863-944-3719*

October 23, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, fl 32314-6327

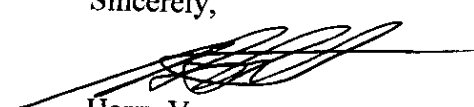
Re: Truck & Equipment of USA, Inc.
Reinstallation Form

Ladies and Gentlemen:

I am including the appropriate forms and fees for the above captioned corporation to be reinstated as required by law. I am requesting a waiver of the reinstatement fee because we never received any of the prior notifications.

If you have any questions or concerns, please contact us at your earliest convenience.

Sincerely,


Harry Vega
President