


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
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| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Katherine Harris Secretary of State DIVISION OF CORPORATIONS |

DOCUMENT # P96000068511

1. Corporation Name

BROWARD TRUCK INTERNATIONAL, INC.

Principal Place of Business

2909 S ANDREWS AVE
FT LAUDERDALE FL 33335

Mailing Address

2909 S ANDREWS AVE
FT LAUDERDALE FL 33335

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1996

5. FEI Number

65-0827685

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 |
|---------------|---|--|-------------------------|
| D | DOLLAR, ROBERT | 2909 S ANDREWS AVE | FT LAUDERDALE FL 33335 |
| D | SCOPETTA, JOHN | 2909 S ANDREWS AVE | FT LAUDERDALE FL 33335 |
| D | SCOPETTA, GEORGE | 2909 S ANDREWS AVE | FT LAUDERDALE FL 33335 |
| D | SCOPETTA, JACK | 2909 S ANDREWS AVE | FT LAUDERDALE FL 33335 |
| D | SCOPETTA, MERCEDES | 2909 S ANDREWS AVE | FT LAUDERDALE FL 33335 |
| | | | |

8. Name and Address of Current Registered Agent

HOUSTON, BART A
316 NE 4TH ST.
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700004745767-9

-12/31/01--01103--022

****750.00 State ****750.00

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

REGISTERED AGENT MUST SIGN

Date 12.4.2001

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:

 John R. SCOPETTA

11/28/01 305 620 7778

Date Daytime Phone #