2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED
05 FEB -4 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

DOCUMENT # P97000099117

1. Entity Name
INTERNATIONAL TRUCK SALES, INC.

Principal Place of Business	Mailing Address
~~7505 NW HWY 25A~~	~~10912 NW 14 AVE~~
OC~~ALA, FL 34475 US~~	~~GAINESVILLE, FL 32604~~

2. Principal Place of Business	3. Mailing Address
P. O. Box 357064	P.O. Box 357064
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville FL	City & State: Gainesville FL
Zip: 32635-7064 Country: USA	Zip: 32635-7064 Country: USA

4. FEI Number: 59-3478798 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THEURER, ERNIE	Name: ERNEST THEURER
10912 NW 14 AVE	Street Address (P.O. Box Number is Not Acceptable): 10912 NW 14th Ave
GAINESVILLE, FL 32606	City: Gainesville FL Zip Code: 32606

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 2/1/05
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** Date

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~VPT~~ P ok. THEURER, ERNIE 10912 NW 14 AVE GAINESVILLE, FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	600046418786 02/11/05--01010--024 **300.00	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 2/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date