

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB -4 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6327

DOCUMENT # P97000099117		
1. Entity Name INTERNATIONAL TRUCK SALES, INC.		

Principal Place of Business 7605 NW HWY 25-A OCALA, FL 34475-1102	Mailing Address 10012 NW 14 AVE GAINESVILLE, FL 32604
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2. Principal Place of Business P.O. Box 357064	3. Mailing Address P.O. Box 357064
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Gainesville FL	City & State Gainesville FL 32606
Zip 32635-7064	Zip 32635-7064
Country USA	Country USA

6. Name and Address of Current Registered Agent THEURES, ERNIE 10912 NW 14 AVE GAINESVILLE, FL 32606	
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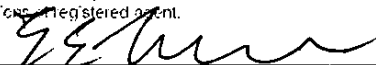


4. FEI Number 59-3478798	Added For Not Added
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name ERNEST THEURER	
Street Address (P.O. Box Number's Not Acceptable) 10912 NW 14th Ave	
City Gainesville	FL 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 obligation of, the registered agent.

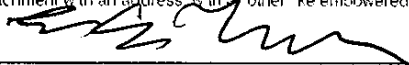
SIGNATURE:  DATE: 2/1/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete VP OK THEURER, ERNIE 10912 NW 14 AVE GAINESVILLE, FL 32606	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition 600046418786 02/11/05-01010--024 **\$300.00
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 another like empowered.

SIGNATURE:  President DATE: 2/1/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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