

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -9 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA8020069049

1. Corporation Name

AF Truck Sales Inc

2. Principal Office Address

1404 E SK 44

Suite, Apt. #, etc.

3. Mailing Office Address

1404 E SK 44

Suite, Apt. #, etc.

City & State

Wildwood, FL

City & State

Wildwood, FL

Zip

34785

Country

U.S.A.

Zip

34785

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/03 90679 044 6125

5. FEI Number

59-352660

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Oscar N. ALVAREZ

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

5001 SW 20th St

Suite, Apt. #, Etc.

Apt. 3602

City

Ocala

State

FL

Zip Code

34474-8521

800030131358

03/09/04--01067--014 **238.5

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/5/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>Oscar N. ALVAREZ</u> <u>5001 SW 20th St</u>	<u>5001 SW 20th St</u>	<u>Ocala, FL, 34474</u> <u>8521</u>

REINSTATEMENT 03-04

10. 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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/04

Daytime Phone #

352 2667201

AF Truck Sales

page 2 of 2

1404 E SR 44
Wildwood, Florida 34785

Phone 352-330-4171
Fax 352-330-4199

March 06, 2004

Florida Department of State
Division of Corporation
To whom it may concern:

On March 05, 2004 my bank contact me to inform that my company was inactive. On March 05 I called this division to verify this information and somebody told me that my company was inactive because I paid the wrong amount on 3-12-03 (amount paid \$61.25). I did not receive any communication from your department indicating that the company was inactive or that I need it to pay the difference of \$89.00 because you only received my check for \$61.25 (copy attached).

Attached you'll find my application for Reinstatement and the check # 1173 for the amount of \$238.75 that your department told me to send.

2003	\$150.00 - \$61.25=	\$ 89.00
2004		\$150.00
Total Amount		\$238.75

Thank you for your understanding and I will look forward to receive the reinstatement.



Oscar Alvarez.
Owner.