

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 21 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 898 0000 80634

1. Corporation Name ALL TRUCK + AUTO RECYCLING INC

Principal Place of Business

Mailing Address

840 NW 7 TERRACE  
FORT LAUD., FL 33311

000005678270--9  
-06/04/02--01074--017  
\*\*\*\*300.00 \*\*\*\*300.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

840 NW 7 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT LAUD., FL

Zip

Country

Zip

Country

33311

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09-17-98

5. FEI Number

65-0867125

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|
| P/D           | TREVOR GRADIDGE                           | 17145 61ST PL. NORTH                                                                           | LOXAHATCHEE FL 33470    |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |

201.25-AC  
10.00-ARREST  
88.25-ARSTUPP

8. Name and Address of Current Registered Agent

GRADIDGE, TREVOR  
840 NW 7 TERRACE  
FORT LAUD., FL 33311

9. Name and Address of New Registered Agent

Name

GERALD S. SCHNITZER

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

2455 E. SUNRISE BLVD

Suite, Apt. #, Etc.

SUITE 502

City

FORT LAUD

State

FL

Zip Code

33304

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

Gerald S. Schnitzer  
REGISTERED AGENT MUST SIGN

Date

5/2/02

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: X

SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 2-02 9547670847  
Date Daytime Phone #

CR2E040 (12-95)

Attachment



ADVISORY  
SERVICES, INC.

2455 E. SUNRISE BLVD.  
SUITE 502  
FORT LAUDERDALE, FLORIDA  
33304-3108

Gerald S. Schnitzer, President

# P48000080634

5/11/02

FLORIDA DIVISION OF CORPORATIONS

# P 48000080634

Re: ALL TRUCK + AUTO Recycling Doc

Due to an oversight the form  
was not mailed prior to April  
30, 2002

The original check was lost. We  
thought it was mailed on time.

Very truly yours,

Gerald S. Schnitzer