

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2001 SEP 21 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98 000107319**

1. Corporation Name

N & E Truck Stop Corporation

W07-45228

2. Principal Office Address - No P.O. Box #

Connie Larossa, Co-Personal Representative

3. Mailing Office Address

6252 Amberwoods Dr

Suite, Apt. #, etc.

6252 Amberwoods Dr

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

USA

Zip

33433

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/1998

5. FEI Number

650889419

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

Glenn D. Brown

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

2862 SW Lake Terrace

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Glenn D. Brown

REGISTERED AGENT MUST SIGN

Date **8/11/07**

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
D	Estate of Elizabeth Anton Larossa	c/o Connie Larossa 6252 Amberwoods Dr.	Boca Raton, FL 33433
D	c/o Connie Larossa, Co-Personal Representative	6252 Amberwoods Dr	Boca Raton, FL 33433
D	c/o Glenn D. Brown, Co-Personal Representative	2862 SW Lake Terrace	Palm City, FL 34990
			100109373491 09/12/07--01042--009 **750.00
			100109373491 09/25/07--01009--002 **750.00

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 contained in Chapter 119, 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:

Connie Larossa

Connie Larossa, Co-Personal Representative

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/21/07

Daytime Phone #

805-790-3048

9/21/07