

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 30 PM 4:16

DOCUMENT # P99000024578  
1. Corporation Name  
EAGLE AUTO & TRUCK PARTS, INC.

Principal Place of Business Mailing Address  
2329 NORTHEAST 15TH COURT 2329 NORTHEAST 15TH COURT  
JENSEN BEACH FL 34957 JENSEN BEACH FL 34957



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/11/1999	
Suite, Apt. #, etc. 1120 NE Jensen Beach Blvd		Suite, Apt. #, etc. 1120 NE Jensen Beach Blvd		5. FEI Number 65-0909757	
City & State Jensen Beach FL		City & State Jensen Beach FL		Applied For Not Applicable	
Zip 34957		Zip 34957		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country USA		Country USA			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	MADERNINI, BRUCE	2329 N.E. 18TH COURT 2329	JENSEN BEACH FL 34957
D	MADERNINI, LINDA	2329 N.E. 18TH COURT 2329	JENSEN BEACH FL 34957

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\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent SABATELLO, MICHAEL J ESQ. 777 S. FLAGLER DR., SUITE 300E WEST PALM BEACH FL 33401		9. Name and Address of New Registered Agent Name Bruce Maderlini Street Address (P.O. Box Number is Not Acceptable) 2329 NE 18th Ct Suite, Apt. #, Etc. City Jensen Beach State FL Zip Code 34957	
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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 Bruce Maderlini Date 10/12/00  
REGISTERED AGENT MUST SIGN

11. 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)(i), 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: Bruce Maderlini Date 10/12/00 Daytime Phone # 561-334-1449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR