PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 03 JAN 21 AH 11:27 P99000026980 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE FLORIDA FLORIDA TRUCK STORE CORP. Principal Place of Business Mailing Address 3614 NW 36TH ST. 3614 NW 36TH ST. MIAMI FL 33142 MIAM! FL 33142 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 Date Incorporated or Qualified
 To Do Business in Florida 03/24/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0906226 City & State City & State Not Applicable Zip Country \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director PD RUIZ, JULIO 3614 NW 36TH ST. **MIAMI FL 33142** SD BARROSO, ANTONIO F 3614 NW 36TH ST. **MIAMI FL 33142 700010385987** 01/21/03--01044--006 **300.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent RUIZ, JULIO Street Address (P.O. Box Number is Not Acceptable) 3614 NW 36TH STREET MIAMI FL 33142 Suite, Apt. #, Etc. State Zip Code

Signature of Registered Agent PREJURE PRODUCTION Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer operector 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 filling

nt of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

1. I certify that I am an officer operation of 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

10. I, being appointed

the registered

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03 305 638-557

ate

Daytime Phone #

FLORIDA TRUCK STORE, CORP. LITE-MEDIUM DUTY TRUCKS EXPORTERS

To whom it may Concern:

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Please be purific that we never Decieved Any Notice's of any type, that we had to Ale the Corp. Documents, the Main Deason, was that we changed Decounting firms, And Once again we did not Decieve any Notice.

THANK YOU.

For Anything you can do for us. We are in your dire NEWO.

Julian Rosi

1-16-03

3614 N.W. 36 STREET • MIAMI, FL.33142 TEL. (305) 638-5577 • FAX (305) 638-5575