PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S04687

1. Corporation Name

P & T TRUCK REPAIR, INC.

Principal Place of Business	Mailing Address
612 E TRINIDAD CLEWISTON FL 33440	P. O. BOX 1878 EATON PARK FL 33840 US

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

REINSTATEMENT 96 000

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/03/1990

5. FEI Number: 65-0223234 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	CHILDRESS, THOMAS A	612 E TRINIDAD	CLEWISTON FL
D	CHILDRESS, PATRICIA A	612 E TRINIDAD	CLEWISTON FL

800001997458--5
-11/06/96--01032--015
*****375.00 *****375.00

8. Name and Address of Current Registered Agent

CHILDRESS, THOMAS A.
STATE ROAD 832 & HOOKERS POINT RD
CLEWISTON FL

9. Name and Address of New Registered Agent

Name: Jeffery Childress
Street Address (P.O. Box Number is Not Acceptable): 4235 Maine St.
Suite, Apt. #, Etc.:
City: Lakeland State: FL Zip Code: 33801

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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN
Date: 10/24/96

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 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: SIGNATURE REQUIRED Jeffery Childress 10/24/96 941-665-1696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)