

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

1998 FEB -9 AM 11: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 537770

1. Corporation Name

A TRUCK BODY & Equipment Co Inc

Principal Place of Business

Mailing Address

1700 STARKEY RD
Largo FL 33771

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	VIVIAN J. SAPP	2405 Summerlin Dr.	CLEARWATER FL 33764
Vice Pres.	ALLEN D SAPP	2405 Summerlin Dr	LC FL
Sec.	WELB B. SAPP	3505 GREENGLLEN CIRCLE	PALM HARBOR, FL 34684

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOUIS HASSEL CPA
415 So. Samremo Ave.
Clearwater FL
33756

Name

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

300002429153--3

Suite, Apt. #, Etc.

-02/12/98--01079--008

City

***300.00

State

Zip Code

FL

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

Louis Hasel

REGISTERED AGENT MUST SIGN

Date

1/23/98

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:

Vivian J. Sapp / VIVIAN J. SAPP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/98

Daytime Phone #

535-6900

CR2E040 (12/96)