

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. <i>1120 NE Jensen Beach Blvd</i>		Suite, Apt. #, etc. <i>1120 NE Jensen Beach Blvd</i>		5. FEI Number <i>05-0909757</i>	
City & State <i>Jensen Beach FL</i>		City & State <i>Jensen Beach FL</i>		Applied For Not Applicable	
Zip <i>34957</i>		Zip <i>34957</i>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country <i>USA</i>		Country <i>USA</i>			

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MADERNINI, BRUCE	2338 N.E. 18TH COURT <i>2329</i>	JENSEN BEACH FL 34957
D	MADERNINI, LINDA	2338 N.E. 18TH COURT <i>2329</i>	JENSEN BEACH FL 34957

10/11/00
 500003463525--5
 -11/15/00--01009--002
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SABATELLO, MICHAEL J ESQ. 777 S. FLAGLER DR., SUITE 300E WEST PALM BEACH FL 33401		Name <i>Bruce Maderlini</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>2329 NE 18th Ct</i>	
		Suitg, Apt. #, Etc.	
		City <i>Jensen Beach</i>	State 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 *Michael Sabatello* 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