


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**

01 MAR 15 PM 2:36

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P92000004487

1. Corporation Name

SERVICE TRACTOR & EQUIPMENT, INC.

*W0100003003*

Principal Place of Business

Mailing Address

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

**REINSTATEMENT**

*99-01*

2. New Principal Office Address, if Applicable 6300 Park of Commerce Blvd. Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable P.O. Box 3051 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/13/92	
City & State Boca Raton, FL		City & State Boca Raton, FL		5. FEI Number 65-0374279	
Zip 33487		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	Friedkin, Monte	6300 Park of Commerce Blvd.	Boca Raton, FL 33487
			800003892868 -- 7 -03/22/01 -- 01065 -- 019 ***1858.00 ***1858.00
			LS

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gerson, Gary N  
 1645 Palm Beach Lakes Blvd.  
 Suite 1200  
 West Palm Beach, FL 33401

Name James L. Berger  
 Berger Davis & Singerman  
 Street Address (P.O. Box Number is Not Acceptable)  
 350 E. Las Olas Boulevard  
 Suite, Apt. #, Etc.  
 Suite 1000  
 City Fort Lauderdale State FL Zip Code 33301

CR2E040 (1/2/96)

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

*James L. Berger*

REGISTERED AGENT MUST SIGN

Date 1/10/01

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001

Date

561-241-7777

Daytime Phone #