

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -2 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 275241

1. Corporation Name

TROY'S TRACTOR & EQUIPMENT, INC.

2. Principal Office Address

1451 E. Jefferson Street

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip
34601

Country
Hernando

3. Mailing Office Address

P. O. Box 477

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip
34605

Country
Hernando

REINSTATEMENT 98-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/30/1963

5. FEI Number

59 1053375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Scarborough, Troy B.

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

711 Sunset Drive

Suite, Apt. #, Etc.

City

Brooksville

600004275616-7

-05/22/01-01023-026

***1200.00 ***1200.00

LS

State
FL

Zip Code
34601

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Troy B. Scarborough

REGISTERED AGENT MUST SIGN

Date April 19, 2001

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	Simmons, James C.	913 Belle Oak Drive	Leesburg, FL
PSD	Scarborough, Troy B.	260 Sunset Drive	Brooksville, FL 34601

10. 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:

Troy B. Scarborough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2001

Date

Daytime Phone #

352-796-485