

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

98 DEC 21 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #353953

1. Corporation Name

SUNRISE FORD TRACTOR CO., INC.

Principal Place of Business

6101 Orange Avenue
Ft. Pierce, FL 34947

Mailing Address

Same

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

2. New Principal Office Address, If Applicable

401 S. Indian River Dr.

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL 34950

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/69

5. FEI Number

59-1274235

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) 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
Pr/Dr	R. N. Koblegard, III	401 S. Indian River Drive	Ft. Pierce, FL 34950
VP/Dr	H. Lavon Bishop, Jr.	2807 S. Indian River Dr.	Ft. Pierce, FL 34950
S/T/Dr	Charlene W. Koblegard	2319 S. Indian River Dr.	Ft. Pierce, FL 34950
			100002724021--6 -12/28/98--01115--015 ****300.00 ****300.00
		B. 12/23/98	REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent

R. N. Koblegard, III
2319 S. Indian River Drive
Ft. Pierce, FL 34950

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

R. N. Koblegard, III

Date 12/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. N. Koblegard, III

12/17/98 561/461-5020

Date

Daytime Phone #

CR2E040 (1/98)