

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 16 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 506547

1. Corporation Name

DOUG'S TRACTOR SERVICE, INC.

REINSTATEMENT

100030575351

03/16/04--01097--003 **652.50

2. Principal Office Address

8300 N.W. 93 STREET

3. Mailing Office Address

8300 N.W. 93rd STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY, FLORIDA

City & State

MEDLEY, FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 07/06/1976

5. FEI Number

591942465

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SUTTON, JOHN R

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

7721 S.W. 62 AVENUE

Suite, Apt. #, Etc.

1ST FLOOR

City

MIAMI

State
FL

Zip Code
33143

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

John R. Sutton
JOHN R. SUTTON
REGISTERED AGENT MUST SIGN

Date MARCH 13, 2004

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
PD	DOUGLAS DEVINE	9801 MARLIN ROAD	MIAMI, FL 33157
ST	CHARLENE DEVINE	9801 MARLIN ROAD	MIAMI, FL 33157

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/04

Date

305-863-0470

Daytime Phone #