2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 565837

1. Entity Name
LAZO'S TRACTOR EQUIPMENT SERVICE CORP.

SEC... DIVISI...
06 OCT 13 PM 3:22
REINSTATEMENT 06

Principal Place of Business	Mailing Address
8700 N.W. 93 STREET MEDLEY, FL 33178	8700 N.W. 93 STREET MEDLEY, FL 33178

10102006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
Street Address	Street Address
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-1797806

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAZO, JUAN ANTONIO
9980 S W 3RD STREET
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of my position as registered agent.

Signature: Juan A Lazo 10/11/06
(NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!! FEE IS $150.00
After January 1, 2007, Fee will be $361.66

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title / Name / Street Address / City-St-Zip	PD LAZO, JUAN ANTONIO 9980 SW 3RD STREET MIAMI, FL 33174	☐ Delete	Title / Name / Street Address / City-St-Zip	☐ Change ☒ Add VSD LAZO, JOSE 8700 SW 93 Street Miami, FL 33174
Title / Name / Street Address / City-St-Zip	VSD LAZO, RAUL 1402 S W 82ND COURT MIAMI, FL 33144	☒ Delete	Title / Name / Street Address / City-St-Zip	☐ Change ☐ Add 500080830785 10/13/06--01050--001 **150.00
Title / Name / Street Address / City-St-Zip		☐ Delete	Title / Name / Street Address / City-St-Zip	☐ Change ☐ Add
Title / Name / Street Address / City-St-Zip		☐ Delete	Title / Name / Street Address / City-St-Zip	☐ Change ☐ Add
Title / Name / Street Address / City-St-Zip		☐ Delete	Title / Name / Street Address / City-St-Zip	☐ Change ☐ Add
Title / Name / Street Address / City-St-Zip		☐ Delete	Title / Name / Street Address / City-St-Zip	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 or Block 2 above, or on an attachment with an asterisk, with all other like empowered.

SIGNATURE: Juan A Lazo 10/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date