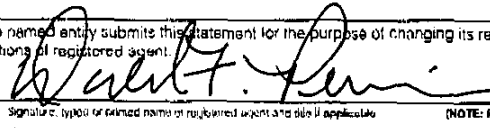
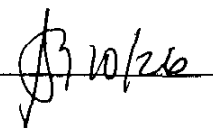
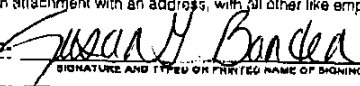


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 24 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000006364			
1. Entity Name S & T MOTORS, INC.			
Principal Place of Business 847 ROUTE 3 SOUTH CHINA, ME 04358		Mailing Address 847 ROUTE 3 SOUTH CHINA, ME 04358	
2. Principal Place of Business - No P.O. Box # 1581 W. GULF TO LAKE HIGHWAY Suite, Apt. #, etc.		3. Mailing Address 1581 WEST GULF TO LAKE HIGHWAY Suite, Apt. #, etc.	
City & State LECANTO, FLORIDA		City & State LECANTO, FLORIDA	
Zip 34461	Country U.S.A.	Zip 34461	Country U.S.A.
4. FEI Number 01-0503333		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRIN, DONALD F 320 U.S. HIGHWAY 41 SOUTH INVERNESS, FL 34450		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 registered agent.			
SIGNATURE 		10/18/07	
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANDEN, SUSAN G BUSINESS 847, ROUTE 3 SOUTH CHINA, ME 04358 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1581 WEST GULF TO LAKE HIGHWAY/ LECANTO, FLORIDA 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANDEN, TIMOTHY K BUSINESS 847, ROUTE 3 SOUTH CHINA, ME 04358 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1581 WEST GULF TO LAKE HIGHWAY/ LECANTO, FLORIDA 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200111302322 10/24/07--01049--021 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		10-18-07 352-527-0129	