2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000006364

1. Entity Name
S & T MOTORS, INC.

FILED
07 OCT 24 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
847 ROUTE 3 SOUTH CHINA, ME 04358	847 ROUTE 3 SOUTH CHINA, ME 04358

REINSTATEMENT 07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1581 W. GULF TO LAKE HIGHWAY	1581 WEST GULF TO LAKE HIGHWAY
Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
PERRIN, DONALD F 320 U.S. HIGHWAY 41 SOUTH INVERNESS, FL 34450	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: Donald F. Perrin 10/18/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

10/26

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: Susan G Banden Susan G Banden 10-12-07 352-527-0129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #