

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG -2 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G79392**

1. Corporation Name

GOLF TRACTOR INC.

2. Principal Office Address

391 N. PINE MEADOW DR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

DEBARY FL.

City & State

Zip

32713

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1984

5. FEI Number

59-2364636

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD LACONTE JR.

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

391 N. PINE MEADOW DR.

Suite, Apt. #, Etc.

600006382116-7

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******308.75 ****308.75**

City

DEBARY FL.

State

FL

Zip Code

32713

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

Richard LaConte Jr. Pres.

REGISTERED AGENT MUST SIGN

Date **7/14/02**

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
PRES	RICHARD LACONTE JR	391 N. PINE MEADOW DR.	DEBARY FL 32713
-	NO OTHER OFFICERS		

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:

Richard LaConte Jr. Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/02

Daytime Phone #

386-851-0631

CR20081 (9/01)