

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000049707

1. Entity Name
HIMSCHOOT TRACTOR SERVICE, LLC



FILED

2007 APR -5 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14600 TAMARAC DR
BOKEELIA, FL 33922 US

Mailing Address
14600 TAMARAC DR
BOKEELIA, FL 33922 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



04022007 REIN-LLC CR2E101 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIMSCHOOT, JOHN J
14600 TAMARAC DR
BOKEELIA, FL 33922

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

John J. Himschoot

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/07

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HIMSCHOOT, BENJAMIN J
5484 BIRDSONG LN
BOKEELIA, FL 33922 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
000096495260
04/11/07--01033--012 **205.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HIMSCHOOT, JOHN J
14600 TAMARAC DR
BOKEELIA, FL 33922 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition
REINSTATEMENT 06-07

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

John J. Himschoot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/31/07

Date

Daytime Phone #