



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M07240 <small>1. Corporation Name</small>		FILED 04 MAY 18 AM 7:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
B. S. I. TRACTOR, INC.		  REINSTATEMENT 03-04	
<small>Principal Place of Business</small> C/O E. T. HUNTER 1930 TYLER STREET HOLLYWOOD FL 33020		<small>Mailing Address</small> C/O E. T. HUNTER 1930 TYLER STREET HOLLYWOOD FL 33020	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
<small>2. New Principal Office Address, If Applicable</small> Suite, Apt. #, etc.		<small>3. New Mailing Office Address, If Applicable</small> Suite, Apt. #, etc.	
<small>City & State</small>		<small>City & State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>
		<small>4. Date Incorporated or Qualified To Do Business in Florida</small> 11/01/1984	
		<small>5. FEI Number</small> 59-2469239	
		<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>	
		<small>6. CERTIFICATE OF STATUS DESIRED</small> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<small>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</small>			
<small>Title(s)</small> 1	<small>Name of Officers and/or Directors</small> 2	<small>Street Address of Each Officer and/or Director</small> 3	<small>City / State / Zip</small> 4
PS	SHACKELFORD, JAMES	4455 S.W. 68TH AVE.	FT. LAUDERDALE FL
TD	HAWTHORNE, EARL	ROUTE 2, BOX 374	CAIRO GA
<small>8. Name and Address of Current Registered Agent</small>		<small>9. Name and Address of New Registered Agent</small>	
HUNTER, E. T. 1930 TYLER STREET HOLLYWOOD FL 33020		<small>Name</small>	
		<small>Street Address (P.O. Box Number is Not Acceptable)</small>	
		<small>Suite, Apt. #, Etc.</small>	
		<small>City</small>	<small>State</small> FL
<small>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.</small> <div style="display: flex; justify-content: space-between;"><div> <small>Signature of Registered Agent</small></div><div>5-13-04 <small>Date</small></div></div> <div style="text-align: center; margin-top: 10px;"> REGISTERED AGENT MUST SIGN</div>			
<small>11. 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.</small>			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		January 27/2004 <small>Date</small> <small>Daytime Phone #</small>	

CR2E040 (7/03)