


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 04 MAY 18 AM 7:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # M07240**  
 1. Corporation Name  
**B. S. I. TRACTOR, INC.**


Principal Place of Business Mailing Address

C/O E. T. HUNTER  
 1930 TYLER STREET  
 HOLLYWOOD FL 33020

C/O E. T. HUNTER  
 1930 TYLER STREET  
 HOLLYWOOD FL 33020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

*[Handwritten Signature]*



**REINSTATEMENT 03-04**

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
**11/01/1984**

5. FEI Number **59-2469239**  
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	SHACKELFORD, JAMES	4455 S.W. 68TH AVE.	FT. LAUDERDALE FL
TD	HAWTHORNE, EARL	ROUTE 2, BOX 374	CAIRO GA

8. Name and Address of Current Registered Agent

**HUNTER, E. T.**  
 1930 TYLER STREET  
 HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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.

*E. T. Hunter* **5-13-04**

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_  
**REGISTERED AGENT MUST SIGN**

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.

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**January 27, 2004** Date Daytime Phone # \_\_\_\_\_

CR2E040 (7/03)