PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 18 AM 10:57

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DOCUMENT # P00000063936

1. Corporation Name
R.J.'s Tractor Service, Inc.

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
R.J.s Tractor Service Inc.	R.J.'s Tractor Service Inc.
Suite, Apt. #, etc. 4804 Roberts Rd.	Suite, Apt. #, etc. 4804 Roberts Rd.
City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34683 Country USA	Zip 34683 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6-28.2000

5. FEI Number 3650310 59-~~3656708~~ Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Ricky J Knight

Street Address (P.O. Box Number is Not Acceptable): 4804 Roberts Rd.

Suite, Apt. #, Etc.:

City: Palm Harbor, State: FL, Zip Code: 34683

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: Ricky K — REGISTERED AGENT MUST SIGN — Date 10-20-04

CR2E031 (01/04)

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	Ricky J. Knight	4804 Roberts Rd.	Palm Harbor, FL 34683

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: Ricky J.Knight Ricky K 10-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/18 aw