

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

03 OCT -6 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000011797

**1. Corporation Name**

First Coast Tractor Service, Inc.

**2. Principal Office Address**

10275 Gregory Ave.

Suite, Apt. #, etc.

City & State

Hastings, FL

Zip

32145

Country

USA

**3. Mailing Office Address**

10275 Gregory Ave.

Suite, Apt. #, etc.

City & State

Hastings, FL

Zip

32145

Country

USA

**4. Date Incorporated or Qualified To Do Business in Florida**

1-29-01

**5. FEI Number**

59-3694415

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT 03**

**7. Name and Address of Current Registered Agent**

Name **Moore, Velda J.**

Street Address (P.O. Box Number is Not Acceptable) **10275 Gregory Ave.**

Suite, Apt. #, Etc.

City **Hastings**

State **FL**

Zip Code **32145**

300023588173  
10/06/03 01069 002 \*\*758 00

**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 *Velda J Moore*  
REGISTERED AGENT MUST SIGN

Date **10-02-03**

**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      |
|--------|-----------------------------------|--|-------------------------|
| PSTD   | Moore, Velda J.                   | 10275 Gregory Ave.                             | Hastings, FL 32145      |
| VD     | Moore, Bruce L.                   | 270 Estrella Ave.                              | St. Augustine, FL 32095 |
| D      | Relph, Wendy                      | 6310 Gomez Rd.                                 | St. Augustine, FL 32080 |
|        |                                   |  |                         |
|        |                                   |  |                         |

**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: *Velda J Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-02-03** Daytime Phone # **386-325-5299**

CR2E081 (10/02)

*10/17*