

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -6 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

10-02-03 386-325-5299

Date

Daytime Phone #

CR2E081 (10/02)

2017