

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000031015

1. Entity Name
BACK ACRE HAY SALES, INC.



Principal Place of Business
6269 COUNTY RD. 315
KEYSTONE HEIGHTS, FL 32656

Mailing Address
6269 COUNTY RD. 315
KEYSTONE HEIGHTS, FL 32656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112004

REIN-P

CR2E098 (6/04)

4. FEI Number

56-2333146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOOMER, GEORGE M III
2362 BLANDING BLVD.
MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas L Scucci Thomas L Scucci

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-19-04

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SCUCCI, RENEE L
STREET ADDRESS 6269 COUNTY RD. 315
CITY - ST - ZIP KEYSTONE HEIGHTS, FL 32656

TITLE VD ☐ Delete
NAME SCUCCI, THOMAS L
STREET ADDRESS 6269 COUNTY RD. 315
CITY - ST - ZIP KEYSTONE HEIGHTS, FL 32656

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
000042030970
10/20/04--01085--002 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Thomas L Scucci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-04

Date

Daytime Phone #

Thomas L Scucci