2004 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT							_	tii č	ስ		
DOCUMENT # P03000031015								1 11-1-	i		
1. Entity Name							_		ou to not	, <u>.</u>	
BACK AC	BACK ACRE HAY SALES, INC.							14 NOV2_	54 2: 00		
		•			Ŷ	155	6-	,			
Principal Place	e of Business	 B	Mailing A	ddress			1	SECRETARY	OF STATE		
6269 COUNT		·	6269 COUNTY RD. 315				IALLAMASSE	112		54	
KEYSTONE HEIGHTS, FL 32656 KEYSTONE HEIGHTS, FL 3						6	DEW.	SIAIR			
							No. S. S.	TERES AND STAN SOME COM	F ORLING THOS WOLLOWS		101. II 1801
2. Principal Place of Business 3. Mailing Address											
							1 (80((88) 3))	asida iliti abili abili soli	: 44166		THE STATE
Suite, Apt. (	#, etc.	Sulte, A	Sulte, Apt. #, etc.				REIN-P	CR2E098 (6	/04)		
City & State	8	City & S	City & State				er		Ар	plied For	
							56.8	333146		<del></del> -	1 Applicable
Zip	Country		Zip	Zip Co		ntry	5. Certificate	of Status Desired	\$8.75	5 Add	tional
6. Name and Address of Current			ent Recistered A	Registered Agent			7. Name and Address of New Registered Agent				
Name  Name  Name											
BLOOMER, GEORGE M III						Street Address	(P.O. Boy Number	er is Not Acceptable	٠		
2362 BLANDING BLVD. MIDDLEBURG, FL 32068						Street Address	(F.O. BOX NUMBER	a la Not Acceptable	/ <del>~</del>		
	,										
	,	,				City ,	_		FL Zip	Code	,
6. The above	named entits	y submits this stateme	nt for the purpose	of changing its	register	ed office or registe	ared agent, or bot	th, in the State of Flo		with.	and accept
	ions of regist			2 14 1 <u>4 14 14 14 14 14 14 14 14 14 14 14 14 14</u>	نـــــــــــــــــــــــــــــــــــــ		جه سنر- سند	<u> </u>			~~ 4.60
SIGNATURE	Thom	a & Suca	TI	2AMO	L	3000	1		10-19	۰۵،	<u> </u>
	Signature, typed	or printed name of registered a	egent and title if applicab	io. (NOT	E: Register	red Agent signature requ	rired when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the											
I		05, Fee will be \$3	00.00						not receive the p		
10,		OFFICERS (	AND DIRECTORS		11.		ADDITIONS	CHANGES TO OFF	CEDE AND DIREC	77000	16144
TITLE	PD	OFFICERS A	AND DIRECTORS	☐ Delete	TITL		ADDITIONS/	CHANGES TO OFF	CENS AIND DINEC		Addition
NAME	SCUCCI,	RENEE L		L COIGIG	NAM			1 <b>00042</b> 20/04-0108		70	
STREET ADDRESS						EET ADDRESS	10/2	20/040108	15002 *	*15	0.00
CITY-ST-ZIP		NE HEIGHTS, FL 3	2656			(-ST-ZIP					
TITLE NAME	SCUCCI	THOMAS L	<u> </u>	☐ Delete —	TITL - nav			-	☐ Ch	ange	Addition
STREET ADDRESS	6269 COUNTY RD. 315					EET ADDRESS					
CITY-\$T-ZIP	KEYSTONE HEIGHTS, FL 32656					r-ST-ZIP					
TITLE		•		☐ Delete	TITE				□ Ch	ange	☐ Addition
NAME STREET ADDRESS		•			NAM	AE EET ADORESS					1
CITY-ST-ZIP						-ST-ZIP					-
TITLE				☐ Delete	TITL	E		<del></del>	☐ Ch	ange	Addition
NAME					NAM	· I			<b>-</b> •"		
STREET ADDRESS						EET ADORESS	w w		<del>-</del>		اب حد حدد
CITY-ST-ZIP				□ Del-+-	_	(-SY-ZIP				12000	Addition
TITLE NAME				☐ Delete	TITL				L) (A)	KII H <b>J</b> IC	☐ Addition
STREET ADDRESS						EET ADDRESS					1
CITY-ST-ZIP					CITY	/-ST-ZIP					
TITLE				Delete	TITL				☐ ¢h	ange	☐ Addition
NAME STREET ADDRESS			v		NAN STR	NE EET ADDRESS					ŀ
CITY-ST-ZIP						-ST-ZIP					İ
12. I hereby o	t certify that th	e information supplied	with this filing do	as not qualify fo	or the exe	emption stated in S	Section 119.07(3)	(i), Florida Statutes.	further certify that	t the in	formation
indicated of the cor	on this reportion or the	rt or supplemental rep he receiver or trustee (	ort is true and acc empowered to exe	curate and that ecute this report	my signa t as réqu	iture shali have the	same legal effec	t as if made under o	eath; that I am an c	officer	or director
changed,	, or on an att	achment with an addre	ess, with all other	ike empowered	i,	, = = = = = = = = = = = = = = = = = = =			-,		
SIGNATURE JAMES JACKER 10-19-04											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR Date Description of Directors											