


2008 FOR PROFIT CORPORATION REINSTATEMENT

5/10/08

DOCUMENT # P03000123230

1. Entity Name
HAROLD'S TRACTOR WORK, INC.



08 DEC -8 PM 3:50

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1255 FRUIT COVE ROAD N
JACKSONVILLE, FL 32259**

Mailing Address
**1255 FRUIT COVE ROAD N
JACKSONVILLE, FL 32259**

2. Principal Place of Business - No P.O. Box #
1255 Fruit Cove Rd N

3. Mailing Address
1255 Fruit Cove Rd N

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip
32259

Country
St Johns



11172008 REIN-P CR2E098 (1/07)

4. FEI Number
20-0378685

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BRAASCH, HAROLD F JR.
1255 FRUIT COVE ROAD N
JACKSONVILLE, FL 32259**

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 **Harold F. Braasch Jr** **12/5/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAASCH, HAROLD F P 1255 FRUIT COVE ROAD N. JACKSONVILLE, FL 32259	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100138686571 12/08/08--01043--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **Harold F Braasch** **12/05/08 (904) 287-5739**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/8/08

12-05-08

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Harold's Tractor Work, INC.
1255 Fruit Cove Road N
Jacksonville, Florida 32259

FEI # 20-0378685

To Whom It May Concern:

The intent of this letter is to inform you that I, Harold Braasch Jr. Owner of Harold's Tractor Work, INC. never received a reinstatement letter in the mail nor any other information notifying me that it was time to reinstatement.

Sincerely,

Harold Braasch Jr.
(Owner)



Harold's Tractor Work, INC.
1255 Fruit Cove Road N
Jacksonville, Florida 32259