2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000142736

1. Entity Name
JT & T TRACTOR SERVICE, INC.

FILED
04 DEC 29 AM 10: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11102004 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
1720 DARTMOOR LN ST AUGUSTINE, FL 32095	1720 DARTMOOR LN ST AUGUSTINE, FL 32095

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0442007 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GHENNUSA, MARIE 17 OLD MISSION AVE ST AUGUSTINE, FL 32084	Name: GENNUSA, ANNE MARIE Street Address (P.O. Box Number is Not Acceptable): 17 OLD MISSION AVE City: St. AUGUSTINE FL Zip Code: 32084

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: Anne Marie Gennusa — DATE: 12/24/04

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARGENTIERI, JOSEPH C	NAME	
STREET ADDRESS	1720 DARTMOOR LN	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32095	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	900043706739
STREET ADDRESS		STREET ADDRESS	12/20/04--01048--003 -**150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Joseph C. Argentieri — JOSEPH C. ARGENTIERI — Date: 12/24/04 — Daytime Phone #: 904810-4145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR