

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000023180 1. Entity Name MAXWELL BACKHOE & TRACTOR SERVICE INC						FILED 05 NOV 30 PM 4: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7503 SE 36 AVE OCALA, FL 34483				Mailing Address 7503 SE 36 AVE OCALA, FL 34483			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 112 Suite, Apt. #, etc.					
City & State		City & State SILVER SPRINGS, FL		4. FEI Number 30-0254205		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 34488	Country MARION	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6.- Name and Address of Current Registered Agent - MAXWELL, ROBERT M 7503 SE 36 AVE OCALA, FL 34483				7.- Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAXWELL, ROBERT M 7503 SE 36 AVE Ocala, FL 34483			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 800061793218 11/30/05--01040--003 **150.00 </div>		
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		
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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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		
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: <i>Robert Maxwell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11/29/05 <small>Date</small>		352-2393057 <small>Daytime Phone #</small>	