

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 15 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004487

1. Corporation Name

SERVICE TRACTOR & EQUIPMENT, INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

99-01

2. New Principal Office Address, if Applicable
6300 Park of Commerce Blvd.
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable
P.O. Box 3051
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 11/13/92

City & State
Boca Raton, FL

City & State
Boca Raton, FL

5. FEI Number
65-0374279

Applied For
Not Applicable

Zip
33487

Country
USA

Zip
33431

Country
USA

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	Friedkin, Monte	6300 Park of Commerce Blvd.	Boca Raton, FL 33487
			800003892868--7
			-03/22/01--01065--019
			***1050.00 ***1050.00
			LS

8. Name and Address of Current Registered Agent

Gerson, Gary N
1645 Palm Beach Lakes Blvd.
Suite 1200
West Palm Beach, FL 33401

9. Name and Address of New Registered Agent

Name James L. Berger
Berger Davis & Singerman
Street Address (P.O. Box Number is Not Acceptable)
350 E. Las Olas Boulevard
Suite, Apt. #, Etc.
Suite 1000
City Fort Lauderdale State FL Zip Code 33301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

James L. Berger

REGISTERED AGENT MUST SIGN

Date 1/10/01

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001

Date

561-241-7777

Daytime Phone #

CR20040 (12/96)