

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 28 AM 11:25

DOCUMENT # P93000056941

**1. Corporation Name:**

T+T Tractor and Bobcat Service, Inc.

**2. Principal Office Address**

9948 Woodward Lane

Suite, Apt. #, etc.

City & State

Lake Worth FL

Zip

33467

Country

USA

**3. Mailing Office Address**

9948 Woodward Lane

Suite, Apt. #, etc.

City & State

Lake Worth FL

Zip

33467

Country

USA

**REINSTATEMENT** 02-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8-13-93

**5. FEI Number**

650429280

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Maria Trevino

800004627988 3

Street Address (P.O. Box Number is Not Acceptable)

9948 Woodward Lane

-10/09/01--01011--015

\*\*\*\*908.75 \*\*\*\*908.75

Suite, Apt. #, Etc.

City

Lake Worth FL

State

FL

Zip Code

33467

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Maria Trevino

REGISTERED AGENT MUST SIGN

Date 7/9/25/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Maria Trevino	9948 Woodward Lane	Lake Worth FL 33467
SD	Suleima Trevino	9948 Woodward Lane	Lake Worth FL 33467

**10. 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)(f), 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

Sept. 25, 2001

Date

561-964-1523

Daytime Phone #

CR2E081 (8/00)