

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000076268**

1. Corporation Name

**Universal Tractor, Inc.**

Principal Place of Business

Mailing Address

**709 Waltham ave  
Orlando, Florida 32809**

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

2. New Principal Office Address, if Applicable  
**709 Waltham Ave**

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida **10/05/95**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **52-2140380**

Applied For

Not Applicable

City & State  
**Orlando, Florida**

City & State

Zip  
**32809**

Country  
**U.S**

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Press	Maria Cruz	709 Waltham Ave	Orlando, florida 32809
Vice-Prs	Dilcia E. Ortega	709 Waltham Ave	Orlando, Florida 32809
Sectr	Dilcia E. Ortega	709 Waltham Ave	Orlando, Florida 32809
Treass	Maria Cruz	709 Waltham Ave	Orlando, Florida 32809

8. Name and Address of Current Registered Agent

**Miguel Rodriguez  
3399 Ponce De Leon Blvd #101  
Coral Gables, Florida 33134**

9. Name and Address of New Registered Agent

Name **Maria Cruz**

Street Address (P.O. Box Number is Not Acceptable)  
**709 Waltham ave**

Suite, Apt. #, Etc.

City **Orlando**

State  
**FL**

Zip Code **32809**

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

*Maria Cruz*

REGISTERED AGENT MUST SIGN

Date

**03/30/99**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*Maria Cruz* MARIA CRUZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/30/99**

Date

407-251-1950

Daytime Phone #

CR2E040 (1/98)