2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000005579

Entity Name: FLORIDA TRACTOR, INC.

FILED Oct 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

159 N. CENTRAL AVE., BLDG. A OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

159 N. CENTRAL AVE., BLDG. A OVIEDO, FL 32765

FEI Number: 65-0808249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PILOIAN, VALLIE PILOIAN, VALLIE 2341 BLK HAMMOCK RD 2380 BLK HAMMOCK RD OVIEDO, FL 32765 OVIEDO, FL 32765

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.

SIGNATURE: VALLIE PILOIAN 10/29/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PILOIAN, SCOTT D PILOIAN, SCOTT D Name: Name: 2341 BLK HAMMOCK RD 2380 BLK HAMMOCK RD Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: (X) Change () Addition Title: () Delete Name: PILOIAN, VALLIE W Name: PILOIAN, VALLIE W

2341 BLK HAMMOCK RD 2380 BLK HAMMOCK RD Address: Address: OVIEDO, FL 32765 OVIEDO, FL 32765 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete PILOIAN, VALLIE PILOIAN, VALLIE Name: Name:

2341 BLK HAMMOCK RD 2380 BLK HAMMOCK RD Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: () Delete Title: (X) Change () Addition

PILOIAN, SCOTT PILOIAN, SCOTT Name: Name: Address: 2341 BLK HAMMOCK RD Address: 2380 BLK HAMMOCK RD City-St-Zip: City-St-Zip: OVIEDO, FL 32765 OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT PILOIAN **PRES** 10/29/2008