

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED


05 APR 14 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05



03232005 REIN-P CR2E098 (6/04)

DOCUMENT # P98000082341					
1. Entity Name SHAWN LEE TRACTOR SERVICE, INC.					
Principal Place of Business 10321 S PARKSIDE AVE FLORAL CITY, FL 33436			Mailing Address P O BOX 1869 INVERNESS, FL 34451		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3530613	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANGSTEN, ROGER 4318 S FLORIDA AVE, LOT 1 INVERNESS, FL 34450				Name <u>Sharon J Angsten</u> Street Address (P.O. Box Number is Not Acceptable) <u>4318 S FLA Ave</u> <u>Inverness, FL 34450</u> City <u>FL</u> Zip Code <u>34450</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE <u>Sharon J Angsten</u> <u>Acct</u> <u>3-31-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small> DATE					
FILE NOW!!! FEE IS \$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	D LEE, SHAUN 10321 S PARKSIDE AVE FLORAL CITY, FL 33436	<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	D LEE, DALTON P O BOX 422 N/A FLORAL CITY, FL 34436	<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	300050092273 04/07/05--01007--009 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300050092273 04/07/05--01007--010 **150.00	
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	
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: <u>Sharon J Angsten</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-31-05</u> Daytime Phone # <u>352-726-0384</u>		

T. Roberts APR 04 2005