2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000082341

FILED Oct 05, 2006 Secretary of State

Entity Name: SHAWN LEE TRACTOR SERVICE, INC. **Current Principal Place of Business: New Principal Place of Business:** 10321 S PARKSIDE AVE FLORAL CITY, FL 33436 **Current Mailing Address: New Mailing Address:** P O BOX 1869 INVERNESS, FL 34451 FEI Number: 59-3530613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANGSTEN, SHARON J 4318 S FLÓRIDA AVE INVERNESS, FL 34450 US 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: SHARON ANGSTEN 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 () Change () Addition LEE, SHAUN Name: Name: 10321 S PARKSIDE AVE Address: Address: City-St-Zip: FLORAL CITY, FL 33436 City-St-Zip: Title: Title: () Change () Addition () Delete Name: LEE, DALTON Name: P O BOX 422 N/A Address: Address: FLORAL CITY, FL 34436 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAUN DILEE **PRES** 10/05/2006