

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR -4 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000096168

1. Corporation Name

TRACTOR DEPOT, INC.

2. Principal Office Address

301 N. MAIN ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1059

Suite, Apt. #, etc.

City & State

HASTINGS, FL.

City & State

HASTINGS, FL.

Zip

32145

Country

ST. JOHNS

Zip

32145

Country

ST. JOHNS

4. Date Incorporated or Qualified
To Do Business in Florida

11-16-1998

5. FEI Number

59-3541384

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

CRAIG A. MAGUIRE

100013514681

03/04/03 01055-008 **750.00

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

1544 SAN RAFAEL WAY

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32080

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

Craig A. Maguire
REGISTERED AGENT MUST SIGN

Date

2/24/03

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
P.	CRAIG A. MAGUIRE	1544 SAN RAFAEL WAY	ST. AUGUSTINE
		ST. AUGUSTINE	FLA, 32080

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)(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:

Craig A. Maguire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/03 (904) 692-3673

Daytime Phone #