

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 # **V10748**

1. Corporation Name

GENERAL TRACTOR AND EQUIPMENT COMPANY

Principal Place of Business

P.O. BOX 607297
ORLANDO FL 32860-7297

Mailing Address

P.O. BOX 607297
ORLANDO FL 32860-7297



REINSTATEMENT *alst 12/2/96*

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1992

5. FEI Number

59-3113616

Applied For

Not Applicable

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
PST	BROWN, SHERWIN O	379 SPANISH TOWN RD	KINSTON JA
D	WESTON TREVOR	379 SPANISH TOWN RD	KINGSTON, JAMAICA
D	JENKINSON, A.	379 SPANISH TOWN RD	KINGSTON, JAMAICA
D	VERNON, N.P.	379 SPANISH TOWN RD	KINGSTON, JAMAICA
D	BROWN, SHERWIN O.	379 SPANISH TOWN RD	KINGSTON, JAMAICA
4000002020684--9 -12/05/96--01027--012 ***375.00 ***375.00			

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name **Paul Greene**
Street Address (P.O. Box Number is Not Acceptable)
5626 Pentridge Drive
Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32810

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 *X*

REGISTERED AGENT MUST SIGN

Date *X 30 Sept 1996*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 30 Sept 1996
Date Daytime Phone