

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V61096

1. Corporation Name

Stallion Tractors of America, INC

2. Principal Office Address - No P.O. Box #

7950 NW 53 ST

3. Mailing Office Address

7950 NW 53 ST

Suite, Apt. #, etc

Ste 215

Suite, Apt. #, etc

Ste 215

City & State

Doral, FL

City & State

Doral, Florida

Zip

33166

Country

Dade

Zip

33166

Country

Dade

7. Name and Address of Current Registered Agent

Name

Adalberto Prinz

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

7950 NW 53 St

Suite, Apt. #, Etc

215

City

Doral

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date

12/11/2018

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
President	Adalberto Prinz	7950 NW 53 St Ste 215	Doral, FL 33166

DEC 18 2018

10. E-mail Address: efabelo@stalliontractors.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #