

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 OCT 26 AM 10:05
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P93000076245**

1. Corporation Name

ENGINEERED INDUSTRIAL PRODUCTS, INC.

Principal Place of Business

Mailing Address

4355 DRANE FIELD ROAD
 LAKELAND FL 33811

P.O. BOX 7172
 LAKELAND FL 33807



REINSTATEMENT

Handwritten initials

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/28/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3218270

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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	4 City / State / Zip
PD	MOORE, WILLIAM B	4355 DRANE FIELD ROAD	LAKELAND FL 33811
SD	ROTH, S. LEE	4355 DRANE FIELD ROAD	LAKELAND FL 33811
VD	CLYNE, JEFFREY A	4355 DRANE FIELD ROAD	LAKELAND FL 33811
TD	HODGE, THOMAS M	4355 DRANE FIELD ROAD	LAKELAND FL 33811
			200003463798--5 -11/15/00--01029--001 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

MOORE, WILLIAM B
 4355 DRANE FIELD ROAD
 LAKELAND FL 33811

9. Name and Address of New Registered Agent

Name **Thomas M. Hodge**
 Street Address (P.O. Box Number is Not Acceptable)
4355 Drane Field Road
 Suite, Apt. #, Etc.
 City **Lakeland** State **FL** Zip Code **33811**

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 *[Signature]* **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date **10/24/2000**

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., 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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/24/2000** Daytime Phone #

KE