


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV 24 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 228207

1. Corporation Name
SPRING LOCK SCAFFOLDING OF
WEST FLA. INC

REINSTATEMENT 03-04

500043005265
11/24/04--01058--016 ***908.75

2. Principal Office Address
5090 Ulmerton Road 2600 N 2ND ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLEARWATER FL

City & State
PHILA PA

Zip
34620

Country

Zip
19133

Country

4. Date Incorporated or Qualified To Do Business in Florida 01/01/68

5. FEI Number
59-0884279

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
MARTHA LEMUS

Street Address (P.O. Box Number is Not Acceptable)
10409 N. Florida Ave

Suite, Apt. #, Etc.

City
TAMPA, FL

State
FL

Zip Code
33612

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 *ML Martha Lemus* Date 11/23/04
REGISTERED AGENT MUST SIGN

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
PD	ERNEST RAPOPORT	1250 Greenwood Ave	Jenkintown, Pa 19046
VP	Randy RAPOPORT	220 W Ritterhouse Sq	Phila PA 19103
SD	JEFFREY RAPOPORT	458 N. Apple Tree	LAF Hill PA 19444
TD	PAULA KATZ	901 Artis Rd	Plym Mt PA 19462

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)(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: *Jeffrey Rapoport* Jeffrey Rapoport Date 11/21/04 215 426160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E001 (01/04)