

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 228207

FILED  
Feb 17, 2006  
Secretary of State

**Entity Name:** SPRING LOCK SCAFFOLDING OF WEST FLORIDA INC.

**Current Principal Place of Business:**

5090 ULMERTON ROAD  
CLEARWATER, FL 346204001

**New Principal Place of Business:**

**Current Mailing Address:**

2600 N 2ND ST  
PHILADELPHIA, PA 19133 US

**New Mailing Address:**

**FEI Number:** 59-0884279      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEMUS, MARTHA  
10409 N. FLORIDA AVE.  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARTHA LEMUS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**.

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RAPOPORT, ERNEST  
Address: 1250 GREENWOOD AVENUE  
City-St-Zip: JENKINTOWN, PA 19046

Title: VP ( ) Delete  
Name: RAPOPORT, RANDY  
Address: 220 WEST RITTENHOUSE SQ  
City-St-Zip: PHILA, PA 19103

Title: SD ( ) Delete  
Name: RAPOPORT, JEFFREY  
Address: 458 NORTH APPLETREE  
City-St-Zip: LAF HILL, PA 19444

Title: TD ( ) Delete  
Name: KATZ, PAULA  
Address: 901 ARTIS ROAD  
City-St-Zip: PLYM MTG, PA 19462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY RAPOPORT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TRES

02/17/2006

\_\_\_\_\_  
Date