

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV 24 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 234935

1. Corporation Name

SPRING LOCK Scaff & EQ Co
Rockledge

REINSTATEMENT 03-04

500043005185

11/24/04--01058--013 **908.75

2. Principal Office Address

2110 S. U.S. RTE 1

Suite, Apt. #, etc.

3. Mailing Office Address

2600 N

Suite, Apt. #, etc.

City & State

Rockledge, FL

City & State

Zip

32955

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/31/70

5. FEI Number

59-0902753

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

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

M. Martha Lemus
REGISTERED AGENT MUST SIGN

Date 11/28/04

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	EANST Rapoport	1250 Greenwood Ave	Jenkington Pa 19046
VP	Randy Rapoport	220 W Rittenhouse Sq	PLILA PA 19103
S/D	Jeffrey Rapoport	458 N. Apple Tree	CAF Hill 19444
K/D	Paula Katz	901 Art's Rd	Plym Mtg 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)(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:

Jeffrey Rapoport - Jeffrey Rapoport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/28/04

Daytime Phone #

215
426
1605

CP2E081 (01/04)