

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 12 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 549168

1. Corporation Name

TRI-STATE EQUIPMENT, INC.

Principal Place of Business

10264 US 129TH SOUTH
LIVE OAK FL 32060

Mailing Address

10264 US 129TH SOUTH
LIVE OAK FL 32060

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1977

5. FEI Number

59-1803317

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BEAVER, JOHN M.	10582 70TH STREET	LIVE OAK FL 32060
S	BEAVER, ALICE M.	10582 70TH STREET	LIVE OAK FL 32060
			600024578976 11/12/03--01009--019 **150.00

8. Name and Address of Current Registered Agent

BEAVER, JOHN, M, JR
10582 70TH STREET
LIVE OAK FL 32060

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

John M. Beaver, Jr.

REGISTERED AGENT MUST SIGN

Date

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:

John M. Beaver, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

TRI-STATE EQUIPMENT, INC.

10264 ■ U. S. 129 South
LIVE OAK, FLORIDA 32060
364-1117

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 32314-6327

November 3, 2003

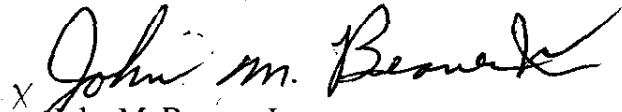
RE: document # 549168 Reinstatement

Dear Sirs:

Please be advised that we had not received the two prior uniform business reports.

The current address is correct, but we did not receive the above document.

Sincerely,

X 
John M. Beaver, Jr.
President