

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 17 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10042005 REIN-P CR2E098 (6/04)

DOCUMENT # 558355 1. Entity Name HANDLING SYSTEMS ENGINEERING, INC.					
Principal Place of Business 3000 WEST 45TH ST. JACKSONVILLE, FL 32209			Mailing Address 3000 WEST 45TH ST. JACKSONVILLE, FL 32209		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 12547 Suite, Apt. #, etc.			
City & State Zip Country		City & State JACKSONVILLE, FL Zip Country 32209		4. FEI Number 59-1801876	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOHRMAN, LEROY D JR 8175 WOODPECKER TR JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7809 LA SIERRA COURT City FL Zip Code JACKSONVILLE, 32256		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOHRMAN, ANN S 3000 W. 45TH STREET JACKSONVILLE, FL 32209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7809 LA SIERRA COURT JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>L. D. Mohrman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10/12/05 904-631-0710 <small>Date Daytime Phone #</small>		

L. D. MOHRMAN

10/20/05