

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

00 DEC -7 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **839478**

1. Corporation Name

Sanitary Processing Equipment Corporation

2. Principal Office Address

6800 TOWNLINE ROAD

Suite, Apt. #, etc.

City & State

SYRACUSE, NEW YORK

Zip

13211

Country

ONONDAGA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

15-599364

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

Corporation Service Company

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State  
**FL**

Zip Code

32301-2607

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

*Dolores Butten*

Date

11/20/00

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
CEO	ROBERT H. FELDMEIER	7632 HUNT LANE	FAYETTEVILLE, NY 13066
PRES	JOHN B. FELDMEIER	7391 BARBERRY LANE	MANLIUS, NY 13104
V. Pres.	ROBERT E. FELDMEIER	7257 MOTT ROAD	FAYETTEVILLE, NY 13066
Sec.	LISA CLARK	7763 GATES ROAD	MANLIUS, NY 13104
Treas.	JEANNE F. JACKSON	4530 LIMESTONE DRIVE	MANLIUS, NY 13104
100003491421--7			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Feldmeier*

Date

11-6-00

Daytime Phone #

315 454 8608

CR2E081 (9/99)



2082

ACCOUNT NO. : 072100000032

REFERENCE : 903936 4352312

AUTHORIZATION :

COST LIMIT : \$ 2623.75

*Patricia J. Jett*

*Tamara P. Jett*

ORDER DATE : November 17, 2000

ORDER TIME : 4:05 PM

ORDER NO. : 903936-005

CUSTOMER NO: 4352312

CUSTOMER: Mark Wladis, Esq  
DEVORSETZ STINZIANO GILBERTI &  
DEVORSETZ STINZIANO GILBERTI &  
555 East Genesee Street

Syracuse, NY 13202-2159

DOMESTIC FILING

NAME: SANITARY PROCESSING  
EQUIPMENT CORPORATION

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

RECEIVED  
00 DEC -7 PM 4:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

