APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -1 PM 3:40

DOCUMENT # 839478

1. Corporation Name

FELDMEIER EQUIPMENT, INC.

Principal Place of Business	Mailing Address
6800 TOWNLINE ROAD SYRACUSE NY 13211	6800 TOWNLINE ROAD SYRACUSE NY 13211

REINSTATEMENT

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: **11/07/1977**

5. FEI Number: **15-0598364** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	FELDMEIER, ROBERT H	7632 HUNT LANE	FAYETTEVILLE NY 13066
P	FELDMEIER, JOHN B	7391 BARBERRY LANE	MANLIUS NY 13104
VP	FELDMEIER, ROBERT E	7257 MOTT ROAD	FAYETTEVILLE NY 13066
S	CLARK, LISA	7763 GATES ROAD	MANLIUS NY 13104
T	JACKSON, JEANNE F	4530 LIMESTONE DRIVE	MANLIUS NY 13104

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2807

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

[redacted]

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.

Signature of Registered Agent: X Brian Courtney as its agent

Date: 10/30/01

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****30.00 ****750.00

REGISTERED AGENT MUST SIGN

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.

AD

SIGNATURE: X Lisa A. Clark 10/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110853 AI