

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**  
 01 NOV -9 AM 7:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **856045**

1. Corporation Name  
**PULLMAN-HOLT CORPORATION**

Principal Place of Business	Mailing Address
10702 N. 46TH ST. P.O. BOX 16647 TAMPA FL 33687	10702 N. 46TH ST. P.O. BOX 16647 TAMPA FL 33687



**REINSTATEMENT** 01

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/07/1983	
City & State		City & State		5. FEI Number	
Zip		Country		06-1085278	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VST	HALLUSKA, THOMAS	<del>18007 CLEAR LAKE DRIVE</del> 13020 SANCTUARY COVE DRIVE #1718	TEMPLE TERRACE FL 33637
D	CALLAHAN, PATRICK	200 W MADISON STREET	CHICAGO FL
VP	BAKER, JEFFREY J.	28 LONG CREEK DR - OK	BURNT HILLS NY 12027
VP	SCHNEIDER, ROBERT	<del>2418 BAY SHORE BLVD #1703</del> 3021 Fair Oaks Ave	TAMPA FL 33611
VP	EUKOVICH, ROBERT	2636 BRIDLE DRIVE	PLANT CITY FL 33507

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET, SUITE 105  
 TALLAHASSEE FL 32301-2525

Name: Thomas R. Halluska  
 Street Address (P.O. Box Number is Not Acceptable): 13020 Sanctuary Cove Dr  
 Suite, Apt. #, Etc.: #1718  
 City: Temple Terrace State: FL Zip Code: 33637

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

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date

11/5/2001

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* 11/5/2001 (813) 971-2223  
 X 202

CR2E040 (8/01)