

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 856045

1. Corporation Name

PULLMAN-HOLT CORPORATION

Principal Place of Business

10702 N. 46TH ST.
P.O. BOX 16647
TAMPA FL 33687

Mailing Address

10702 N. 46TH ST.
P.O. BOX 16647
TAMPA FL 33687

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

04/07/1983

5. FEI Number

06-1085278

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
VST	HALLUSKA, THOMAS	18007 CLEAR LAKE DRIVE 13020 SANCTUARY COVE DRIVE #1718	FL 33637 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	2413 BAY SHORE BLVD #1703 3021 Fair Oaks Ave	TAMPA FL 33611
VP	EUKOVICH, ROBERT	2636 BRIDLE DRIVE	PLANT CITY FL 33507
			400004703184-0 -12/04/01--01005--022 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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

Thomas R. Halluska
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:

Thomas R. Halluska
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/2001

Daytime Phone #

(813) 971-2223

X 200

CR2E040 (8/01)