

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 12 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

YBR  
01-02

DOCUMENT # F000000001663

1. Corporation Name

Warren County Equipment, Inc.

2. Principal Office Address

103 Washington St  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 635  
Suite, Apt. #, etc.

City & State

Xenia, Ohio

Zip Country

45368

City & State

Waynesville

Zip Country

45068 USA.

4. Date Incorporated or Qualified  
To Do Business in Florida

3/27/2000

5. FEI Number

31-1311367

☒ 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

Charles Hale

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

2790 Hwy 70 West  
Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34972

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

*Charles Hale*  
REGISTERED AGENT MUST SIGN

Date

7/17/02

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| P-V    | Charles Hale                         | 2790 Hwy 70 West                                  | Okeechobee FL 34972 |
| T-S    | Sarah Hale                           | 2790 Hwy 70 West                                  | Okeechobee FL 34972 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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:

*Sarah Hale* Sarah Hale Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/02  
Date

863-467-4281  
937-383-4509  
Daytime Phone #

CR2001 (9/01)