

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F 00000002548

1. Corporation Name

Buck Equipment Inc.

2. Principal Office Address

1720 Feddern Avenue

3. Mailing Office Address

1720 Feddern Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Grove City, OH

City & State

Grove City, OH

Zip

43123

Country

Franklin

Zip

43123

Country

Franklin

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

31-1601308

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

01-03

**7. Name and Address of Current Registered Agent**

Name

Florida Equipment Company (FLECO)

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

10290 Stringfellow Road

Suite, Apt. #, Etc.

City

St. James City

State

FL

Zip Code

33956

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

*Terry J. Hamilton*  
REGISTERED AGENT MUST SIGN

Date

9/29/03

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
P/D	Dennis M. Hamilton	1720 Feddern Avenue	Grove City, OH 43123

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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/03

Date

614-539-3039

Daytime Phone #

CR2E081 (10/02)