


Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

04 JUL 23 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000006031**

1. Corporation Name
AURORA EQUIPMENT COMPANY

4550 BELTWAY DR
4550 BELTWAY DR

2. Principal Office Address 4550 BELTWAY DR	3. Mailing Office Address 4550 BELTWAY DR
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ADDISON, TX	City & State ADDISON, TX
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Zip 75001	Country USA	Zip 75001	Country USA
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REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida 11/21/2001

5. FEI Number 360757420	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JEFF VAUGHN

Street Address (P.O. Box Number is Not Acceptable)
1638 ANNA CATHERINE DR

Suite, Apt. #, Etc.

City
ORLANDO

100039863781
08/04/04--01020--002 **300 00

State FL	Zip Code 32828
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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

Jeff Vaughn

REGISTERED AGENT MUST SIGN

Date **6/29/04**

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	TOM MATYAS	5132 QUAIL LAKE DR	DALLAS, TX 75287
V	ROILENE GULLEDGE	700 BURLE MOORE DR	ENNIS, TX 75119
D	JAMES PRATHER	3722 PLUMB	HOUSTON, TX 77005
V/SALE	RICH RIEMER	924 INDEPENDENCE PKWY	SOUTHLAKE, TX 76092

300038915193
07/09/04--01011--001. **158.75

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:

Roilene Gulledge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/04
Date

214-634-4824

Daytime Phone #

CH2E081 (01/04)

EQUIPTO

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 16, 2004

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

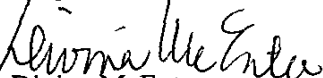
RE: Doc. No: F01000006031
FEI: 360757420
AURORA EQUIPMENT COMPANY

Dear Sir or Madam:

Please find an Application for Reinstatement and a check in the amount of \$158.75 (Annual Report fee; Corporation Supplemental fee; Cert. of Status). I also would like to submit this letter as a formal request for Reinstatement fee to be waived. Our office did not receive the document in question.

Thank you for your consideration.

Respectfully,



Divina McEntee
General Accountant