

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03

FILED

03 FEB 28 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F01000006085

1. Corporation Name

Tropical Equipment Sales & Leasing

2. Principal Office Address

7574 West  
P.O. Box 10/Mt. Vernon

3. Mailing Office Address

P.O. Box 10

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Glen St Mary, FL

City & State

Glen St Mary, FL

Zip

32040

Country

USA

Zip

32040

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/9/01

5. FEI Number

58-2633961

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

Joel Kenneth Neidermeier

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

1307 Copper Creek Dr

Suite, Apt. #, Etc.

City

Macedonny

State

FL

Zip Code

32063

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

Date Feb 17 03

REGISTERED AGENT MUST SIGN

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
Pres.	Samuel B. Holmes	41688 Stratton Gnd	Callahan, FL 32011
V.P.	Grady Lewis	P21 Box 286-A3	Hoboken, GA 31542
Sec.	Bill Baulerson	3789 Pondview Lane	Blackshear, GA 31510
Treas.	David Turner	2508 Red Oak Drive	Waycross, GA 31503

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:

Samuel B. Holmes

Date

2/17/03

Daytime Phone #

904-259-5327

CR2E081 (10/02)

# TROPICAL EQUIPMENT SALES AND LEASING, INC.

February 17, 2003

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement  
Tropical Equipment Sales & Leasing, Inc.  
7574 West Mount Vernon Street  
P. O. Box 10  
Glen St. Mary, FL 32040

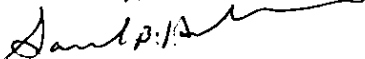
To Whom It May Concern:

Please be advised that this office did not receive the 2002 registration form required by the State of Florida. We have learned from your office that the forms were mailed to P. O. Box 59, Waycross, GA rather than our office at P. O. Box 10, Glen St. Mary, FL.

Based on this information we are returning the completed "Corporation Reinstatement" form along with a check for \$308.75 which covers years 2002 and 2003 at \$150 each and \$8.75 for a certificate of status. We request that the \$750 reinstatement fee be waived based on the above information.

Thank you for your assistance in this matter.

Sincerely,



Sam Holmes  
President

Attachment

P. O. Box 10, Glen St. Mary, FL 32040  
Phone (904) 259-5327  
Fax (904) 259-5453