

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F02000004093

Entity Name: ALLIED RELIABILITY, INC.

**FILED**  
**Oct 27, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

4200 FABER PLACE DRIVE  
CHARLESTON, SC 29405

**New Principal Place of Business:**

**Current Mailing Address:**

4200 FABER PLACE DRIVE  
CHARLESTON, SC 29405

**New Mailing Address:**

FEI Number: 31-1599147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHEELER, JAMES  
5000 OLD ST RD 37  
ATTN: ALLIED RELIABILITY  
MULBERRY, FL 33860 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES WHEELER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: LANGHORNE, JOHN L  
Address: 16 LAUREL SPRING ROAD  
City-St-Zip: BLUFFTON, SC 29909

Title: MR.  
Name: SCHULTZ, JOHN  
Address: 131 DREW LANE  
City-St-Zip: WANDO, SC 29492

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN LANGHORNE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR

10/27/2014

\_\_\_\_\_  
Date