

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 21 PM 4:43

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **F020000004849**

1. Corporation Name

NOVAQUIP CORPORATION

2. Principal Office Address

14042 WOLCOTT DRIVE

3. Mailing Office Address

14042 WOLCOTT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33624

Country

USA

Zip

33624

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/24/2002

5. FEI Number

04-3752857

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

NARAYANAN, RAVI T

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

14042 WOLCOTT DRIVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

800055204268
05/24/05-01077-020 **1059 /5

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/15/05

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
DPT	NARAYANAN, RAVI T	14042 WOLCOTT DRIVE	TAMPA, FL 33624
DVS	PARIKH, PIYUSH	14042 WOLCOTT DRIVE	TAMPA, FL 33624

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] RAVI NARAYANAN

4/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #