

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR -5 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000003620

1. Corporation Name

ADLER INSTRUMENT COMPANY

2. Principal Office Address - No P.O. Box #

985 Longreen Drive

Suite, Apt. #, etc.

City & State

Kernersville, SC

Zip

27284

Country

USA

3. Mailing Office Address

985 Longreen Drive

Suite, Apt. #, etc.

City & State

Kernersville, SC

Zip

27284

Country

USA

000145029830
03/05/09--01013--002 **1200.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

6-24-04

5. FEI Number

581407151

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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 by:

NRAI Services, Inc.

REGISTERED AGENT MUST SIGN

Date **3/2/09**

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
PC	Robert E. Davis	60 Woodenbridge Lane	Pinehurst, NC 28374
VVC	Barry L. Fredrickson	985 Longreen Drive	Kernersville, NC 27284
SD	John M. Guyton	1442 Herfordshire Lane	Knoxville, TN 37922
D	John H. Goodwin	239 Triangle Road	Lexington, SC 29072

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 contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Goodwin

Date

2-6-09

Daytime Phone #

803-206-4916