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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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SECRETATT OF STATE PALLAHASSEE, FLORIDA

J. Shivers MAR 0.4 2013



Nell Summerlin Paralegal D: 252.972.7065 F: 252.972.7045 nsummerlin@poynerspruill.com

February 26, 2013

Florida Divisions of Corporations P. O. Box 6327 Tallahassee FL 32314

RE: Peak Fall Protection, Inc.

Dear Sir:

Peak Fall Protection, Inc. erroneously filed Articles of Incorporation on December 22, 2011 and Articles of Dissolution were filed February 13, 2013. An Application by Foreign Corporation for Authorization to Transact Business in Florida should have been filed instead.

Enclosed is a copy of the Application by Foreign Corporation for Authorization to Transact Business in Florida for Peak Fall Protection, Inc., a North Carolina corporation, and our check in the amount of \$78.75 for the filing fee and a certified copy. The original document was forwarded to you with the Articles of Dissolution. A copy of your letter dated February 14, 2013 is also enclosed.

The corporation has no intention of revoking the dissolution of the Florida corporation and requests to be authorized to do business in Florida.

Please file this document as soon as possible and return certified copies to me in the enclosed prepaid envelope.

Please call me if you have any questions. Thank you for your assistance.

Sincerely yours,

Paralegal

**Enclosures** 

WWW.POYNERSPRUILL.COM RALEIGH / CHARLOTTE / ROCKY MOUNT / SOUTHERN PINES



February 14, 2013

POYNER SPRUILL 130 S FRANKLIN ST ROCKY MOUNT, NC 27804

SUBJECT: PEAK FALL PROTECTION, INC.

Ref. Number: W13000009270

We have received your document for PEAK FALL PROTECTION, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 413A00003675

## **COVER LETTER**

TO:	New Filing Division of	Section Corporations						
SUBJI	DE	AK FALL P	ROTECT	ION, INC.				
20091	EC1:	<del></del>	<del> </del>	n - must include su	ffix			
Dear Si	ir or Madam	:						
"Certif	icate of Exis	lication by Foreign tence," or "Certific reign corporation t	ate of Good Sta	nding" and check a				
Please	return all cor	respondence conce	rning this matte	r to the following:				,
Nell	Summe	erlin, Parale	egal					•
			Name of	Person		,		
Poy	ner Spr	uill LLP						
ΡO	Box 35	3	Firm/Con	npany		-		
			Addr	ess				_
Roc	ky Mou	nt NC 2780	2-0353					
			City/State a	ınd Zip code			SECR	3 #R
		E-mail addr	ess: (to be used	for future annual re	eport notifi	cation)	85E	1
For furt	ther informat	ion concerning this	matter, please	call:			E PLOS	T
Nell	Summe	erlin	_ at (252	972-706	5		AGIRI HINI HINI HINI HINI HINI HINI HINI H	1:22
	Name of Pe	erson	Area	Code & Daytime T	elephone l	Number		
	New Filing Division of Clifton Buil	Corporations ding tive Center Circle	ESS:	New Fil Division P.O. Bo	NG ADDR ing Section of Corpor x 6327 see, FL 32	ations		
Enclose	ed is a check	for the following a	mount:					
□ \$70.	00 Filing Fe		ing Fee &   e of Status	\$78.75 Filing Fe Certified Copy	e & 🗖	\$87.50 Fi Certificat Certified	te of Stat	

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PEAK FA	LL PROTECTION, INC.				
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,"		
inc., co., c	orp, me, co, or corp.)				
(If name unavaila	ble in Florida, enter alternate corporate nar	me a	adopted for the purpose of transacting busine	ss in Florida)	
<sub>2</sub> NORTH (	CAROLINA	3.	208733939		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
4 March 29	, 2007	5.	Perpetual		
(Date	of incorporation)	-	(Duration: Year corp. will cease to exist or	"perpetual")	
<sub>6.</sub> February	4, 2013				
	•		Florida, if prior to registration)		
917 Conta	•		602, F.S., to determine penalty liability)		
7. 017 Cente	er Street, Apex NC 2750 (Principal office a		en)		
P O Box 9	65, Apex NC 27502	auui	ess)		
1 0 000 3	(Current mailing a	addr	ress)		
	(0				
<sub>8.</sub> Any and a	all lawful business			_	
(Purpose(s)	of corporation authorized in home state or	r co	untry to be carried out in state of Florida)		
9. Name and stree	t address of Florida registered agent: (	P.C	D. Box NOT acceptable)	A SE	ದ
Name:	CT Corporation System	n		₹8	13 MAP.
Name:			 Dal	\$35E	1
Office Address:	1200 South Pine Island	J F	<u> </u>		PH
	Plantation		. Florida 33324	E S	<del></del>
	(City)	<del></del>	(Zip code)		$\sim$
10. Registered ag	ent's accentance:			, , , , , , , , , , , , , , , , , , ,	į <b>v</b>

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michael Seraphin Asst. Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS			
Chairman: Thomas B McGrath			
Address: 817 Center Street (PO Box 965)			
Apex NC 27502			
Vice Chairman: Michael T Nelson	<u></u>		
Address: 817 Center Street (PO Box 965)			
Apex NC 27502			
Director: John McGrath			
Address: 817 Center Street (PO Box 965)			
Apex NC 27502		<del></del>	
Director:			
Address:			
		···	
B. OFFICERS			
President: Thomas B. McGrath			
Address: 817 Center Street (PO Box 965)	SEC)	ω <u></u>	
Apex NC 27502		50	
Vice President: Michael T. Nelson	<u> </u>		
Address: 817 Center Street (PO Box 965)	50 12.0		•
Apex NC 27502	AID.	22	
Secretary: Angela Antico			
Address: 817 Center Street (PO Box 965) Apex NC 27502			
Treasurer: John McGrath	-		
Address: 817 Center Street (PO Box 965) Apex NC 27502			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	or directors.		
13.1 Mulph			
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S.			
4. MICHAEL T. NELSON VICE PRESIDENT			
(Typed or printed name and capacity of person signing application)			

# NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### PEAK FALL PROTECTION, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 29th day of March, 2007, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 29th day of January, 2013.

Elaine I. Marshall

Secretary of State

Certification# 93567403-1 Reference# 11306410-ACH Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification