

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

NOV 20 PM 12 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F90567**

1. Corporation Name

**ROWLAND EQUIPMENT, INC.**

Principal Place of Business

2800 NW 73RD ST  
8751 W. BROWARD BLVD.  
MIAMI FL 33147-5853  
US

Mailing Address

2800 NW 73RD ST.  
8751 W. BROWARD BLVD.  
MIAMI FL 33147-5853  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/13/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2198823

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LAMBERT, JAMES	9100 SHERIDAN	BROOKFIELD IL
STD	LAMBERT, DOLORES	9100 SHERIDAN	BROOKFIELD IL
V	KOZELKA, KENNETH	4230 RAYMOND	BROOKFIELD IL
V	COBB, JOYCE	2800 NW 73RD ST	MIAMI FL
			000002011750-3 -11/21/96-01103-013 ***383.75 ***383.75
D	WAITE, JOSEPH	2700 NW 73RD ST	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Bartolomea Burke*

SECRETARY OF STATE

Date

11-18-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Bartolomea Burke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-96

706-458-7800  
Daytime Phone #

GEORGE H. LITOW  
ATTORNEY AT LAW  
PAW PAW, ILLINOIS 61355  
PHONE 618-457-6441

September 19, 1996

CT Corporation System  
PO Box 4399  
Carol Stream, IL 60197-4399

re: Ronald Equest, Jr.  
Application for  
Reinstatement

Please sign and mail the Application for  
Reinstatement with the enclosed check of \$236.25  
to Department of State in the enclosed stamped,  
addressed envelope.

Also please correct the address in Florida of CT Corporation  
if it is incorrect on the form. Thank you

*George H. Litow*  
Attorney for Ronald Equest, Jr.

GRAVES & CREST