

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003195**

1. Corporation Name

VERMEER SALES & SERVICE, INCORPORATED

Principal Place of Business

PO BOX 9429
BIRMINGHAM AL 35220

Mailing Address

PO BOX 9429
BIRMINGHAM AL 35220

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

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

Title(s)	2	3	4
CB	HOWARD, CHARLES T	7961 WYNWOOD ROAD	TRUSSVILLE AL 35173
P	HOWARD, STEPHEN W	6691 MOBILE HWY	PENSACOLA FL 32534
ST	HOWARD, PATRICIA ANN	7961 WYNWOOD ROAD	TRUSSVILLE AL 35173
			200024198627
			10/28/03--01038--009 **750.00

8. Name and Address of Current Registered Agent

HOWARD, STEPHEN W
6691 MOBILE HWY
PENSACOLA FL 32526

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-20-03

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-03

205 841-9895

Date

Daytime Phone #