

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 30 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F940000003302**

1. Corporation Name

**General Equipment & Supply
Company, Inc.**

2. Principal Office Address

3615 Ventura Drive

Suite, Apt. #, etc.

City & State

Lakeland

Zip

FI

Country

33811

3. Mailing Office Address

PO Box 17408

Suite, Apt. #, etc.

City & State

Greenville, SC

Zip

29606

Country

Greenville

REINSTATEMENT 00-01

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

8-29-94

5. FEI Number

57-0817667

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

Robert D. Hall

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

3615 Ventura Drive

Suite, Apt. #, Etc.

400003743574-6
-02/20/01--01084--007
*****300.00 ***300.00**

City

Lakeland

State

FL

Zip Code

33811

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

X Robert D. Hall

Date

1/14/01

REGISTERED AGENT MUST SIGN

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
Pres	Robert D. Hall	33 West Avondale	Greenville, SC 29609
Sec	Lisa Hall	33 West Avondale	Greenville, SC 29609

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Hall

Date

1/14/01 (864)243-5952

Daytime Phone #