

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F96000006221

1. Corporation Name

LERCH BATES NORTH AMERICA, INC.

Principal Place of Business

8089 SO. LINCOLN STE 400
LITTLETON CO 80122

Mailing Address

8089 SO. LINCOLN STE 400
LITTLETON CO 80122

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

300

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

300

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/1996

5. FEI Number

84-1290545

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	OLSON, CHARLES R	8089 SO. LINCOLN STE 300	LITTLETON CO 80122
ST	WEBB, JAMES L	8089 SO. LINCOLN, STE 300	LITTLETON CO 80122
D	BATES JR, VANE Q	8089 SO. LINCOLN, STE 300	LITTLETON CO 80122
V	TORNQUIST, JOHN	5210 BICKFORD STE 202	SNOHOMISH WA 98290
V	BLADES, MICHAEL B	6000 LAUREL-BOWIE RD #200	BOWIE MD 20715
D	FORTUNE, JAMES W	8089 S LINCOLN STE 300	LITTLETON CO 80122

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

Christen Noakes

REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

James L. Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01 303.795.7956

Daytime Phone #



Consultants for Vertical Transport
Exterior Building Maintenance Equipment & Materials Management/Handling

Lerch, Bates & Associates Inc.

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October 12, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Document # F96000006221 – Lerch Bates North America, Inc. (LBNA)
Application for Reinstatement

Dear Sir or Madam:

I received the enclosed Application for Reinstatement today by mail. I talked to a representative in your Reinstatement Section this morning. He indicated that the reason Florida dissolved or revoked LBNA corporate status was because you did not receive the \$400.00 required by your Second notice.

LBNA did respond to the Second notice in July 2001. Enclosed is a copy of the front and back of LBNA cancelled check no. 65969 for \$400.00. As you can see, the check was deposited by the Department of State on July 24, 2001.

Please reinstate Lerch Bates North America, Inc. without further fees or penalties.

Sincerely,

James L. Webb
Chief Financial Officer