

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 MAR -6 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-00

DOCUMENT # F97000002009

1. Corporation Name

ROSS EQUIPMENT CO., INC.

Principal Place of Business

1320 UNIVERSITY AVE  
ROCHESTER NY 14610  
US

Mailing Address

PO BOX 10248  
ROCHESTER NY 14610

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/1997

5. FEI Number

16-0795196

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	WHISENAND, STEVE	108 CIRCLE DRIVE	SYRACUSE NY
PD	MEYERS, BEN	33 DEWEY AVE	FAIRPORT NY
VD	BOB, RICHARD	311 SPRUCEWOOD TERRACE	WILLIAMSVILLE NY
V/C/D	GAMROD, LAURIE	4733 RICHMOND CENTER RD	LIVONIA NY
TSD	QUINCEY, JAMES	3725 EAST AVE	ROCHESTER NY 14610
D	JENSEN, ERIK	60 D WHITNEY RIDGE RD., #4	FAIRPORT NY 14450

8. Name and Address of Current Registered Agent

QUINCEY, PAUL  
4207 VINELAND ROAD, STE M10  
ORLANDO FL 32811

4387 36th Street  
Orlando, FL 32811

9. Name and Address of New Registered Agent

Name Paul  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. 200003172072-3  
City -03/16/00-01025-010  
\*\*\*\*900-00 State Zip Code 0000-00  
FL

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 3-3-00

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:

SIGNATURE REQUIRED  
MEYERS

2-14-00  
Date

716-271-5600  
Daytime Phone #

CR2E040 (8/99)