

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008782720
11/04/02--01063--009 **750.00

DOCUMENT # F98000001817

1. Corporation Name

SKAGGS PUBLIC SAFETY UNIFORMS & EQUIPMENT CO.

Principal Place of Business

4364 EAST COLONIAL DR
ORLANDO FL 32803

Mailing Address

SKAGGS PUBLIC SAFETY
PO BOX 57560
SALT LAKE CITY FL 84157

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

REINSTATEMENT 82

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1998

5. FEI Number

84-1410470

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
PCEO	SKAGGS, DON L	3828 S MAIN STREET	SALT LAKE CITY UT 84115
VCEO	SALA, STEVE	3828 S MAIN STREET	SALT LAKE CITY UT 84115
S	LUNT, JACK	3828 S MAIN STREET	SALT LAKE CITY UT 84115
EVP	MOOSMAN, GEORGE	3828 S. MAIN STREET	SALT LAKE CITY, UT 84115
T	MIDGLEY, MICHAEL	3828 S. MAIN STREET	SALT LAKE CITY, UT 84115
S	MORTON, LYNNE	3828 S. MAIN STREET	SALT LAKE CITY, UT 84115

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

James A. Bordonaro
Assistant Secretary

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02 8012844717

CR2E040 (8/02)