

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H08394

1. Corporation Name

ENERGY EQUIPMENT SALES, INC.

Principal Place of Business

C/O RONALD L. YACHABACH
209 N. MOSS. STE 209
WINTER SPRINGS FL 32708
US

Mailing Address

% RONALD L. YACHABACH
412 LONGFELLOW BLVD.
LAKELAND FL 33801

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

2. New Principal Office Address, If Applicable

795 KEENELEND PIKE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

795 KEENELEND PIKE

Suite, Apt. #, etc.

City & State

LAKE MARY FL

Zip

32746

Country

USA

City & State

LAKE MARY FL

Zip

32746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1984

5. FEI Number

59-3401905
59-2425172

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	GUINEY, WILLIAM T.	209 N. MOSS RD. #209 795 KEENELEND PIKE	WINTER SPRINGS FL LAKE MARY, FL 32746

800002530478-5
-05/20/98--01093--023
****908.75 ****908.75

REINSTATEMENT

97-98

46 5-19-98

8. Name and Address of Current Registered Agent

GUINEY, WILLIAM T.

209 N. MOSS ROAD

SUITE 209

WINTER SPRINGS FL 32708

795 Keeneleand Pike
LAKE MARY, FL.
32746

9. Name and Address of New Registered Agent

Name

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

795 KEENELEND PIKE

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

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

WJG

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

WJG

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-98

Date

407-322-1064

Daytime Phone #

CR2040 (8/97)