

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR -8 PM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

H47626

1. Corporation Name

NEELCO EQUIPMENT COUNTRY, INC

2. Principal Office Address

1802 S. FISKE BLVD

Suite, Apt. #, etc.

101

City & State

ROCKLEDGE, FLORIDA

Zip

32955

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified

To Do Business in Florida 3-18-85

5. FEI Number

59-2503142

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

VICTOR A. CHAFFIOT

000005491720-8

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

1705 ROCKLEDGE DRIVE

-05/08/02--01043--08

****450.00 ****450.00

Suite, Apt. #, Etc.

City

ROCKLEDGE

State

FL

Zip Code

32955

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

Victor A. Chaffiot

REGISTERED AGENT MUST SIGN

Date 3-14-02

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
P/D	VICTOR A. CHAFFIOT	1705 ROCKLEDGE DR	ROCKLEDGE, FL 32955
S/T	ROBERT R. CHAFFIOT	8 RIVER RIDGE DRIVE	ROCKLEDGE, FL 32955

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:

Victor A. Chaffiot

President

3-14-02

Date

321-632-3444

Daytime Phone #