

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H54104

1. Corporation Name

CONTRACTORS EQUIPMENT OF PENSACOLA, INC.

2. Principal Office Address

4141 Pine Forest Road

Suite, Apt. #, etc.

City & State

Cantonment, FL

Zip

32533-6545

Country

Escambia

3. Mailing Office Address

4141 Pine Forest Road

Suite, Apt. #, etc.

City & State

Cantonment, FL

Zip

32533-6545

Country

Escambia

**4. Date Incorporated or Qualified
To Do Business in Florida** 04/26/1985

5. FEI Number
63-0988869

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Joyce Beard

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

600035558306
05/06/04--01022--017 **900 00

Suite, Apt. #, Etc.

City

Cantonment

State
FL

Zip Code
32533

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

Date

REGISTERED AGENT MUST SIGN

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
DPT	Joyce Beard	304 Mt. Airy Street	Cantonment, FL 32533

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: *Joyce Beard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2004

Date

850-266-0031

Daytime Phone #

CR2E081 (01/04)