

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -1 PM 4:21

DOCUMENT # J01637

1. Corporation Name

AMERICAN EQUIPMENT SALES, INC.

Principal Place of Business

1100 SE 24TH ST
PORT EVERGLADES FL 33316
US

Mailing Address

PO BOX 21516
FT. LAUDERDALE FL 33335
US

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

American Equipment Sales
Suite, Apt. #, etc.

2958 BRECKSVILLE RD

City & State

RICHFIELD, OHIO

Zip

44286

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1986

5. FEI Number

59-2714462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01



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 3	City / State / Zip 4
PT	PAWUK, EMIL	2958 BRECKSVILLE ROAD	RICHFIELD OH 44286
VS	PAWUK, E M	2958 BRECKSVILLE ROAD	RICHFIELD OH 44286
			400004698414--8
			11/29/01 01053 005
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

HEIDGERD, FREDERICK C P.A.
321 SE 15TH AVENUE
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

HEIDGERD, FREDERICK C.P.A.

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

600 WEST HILLSBORO BOULEVARD

Suite, Apt. #, Etc.

SUITE 520

City

DEERFIELD BEACH

State

FL

Zip Code

33441-1611

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]
REGISTERED AGENT MUST SIGN

Date

10/24/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/01

Date

330-659-9393

Daytime Phone #

CR2E040 (8/01)