

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J87200

1. Corporation Name

FASTLOAD ALUMINUM BOAT TRAILERS, INC.

FILED

02 APR 18 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

611 W. MLK. JR. BLVD.
PLANT CITY FL 33566

611 W. MLK. JR. BLVD.
PLANT CITY FL 33566



00-01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2876131

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
P	SULLIVAN, WALLACE JR.	611 W. MLK, JR., BLVD.	PLANT CITY FL 33566
VP	SULLIVAN, R.	611 W. MLK, JR., BLVD.	PLANT CITY FL 33566

200005292732--2

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIFSEY, J. STANFORD
324 SOUTH HYDE PARK AVENUE
SUITE 375
TAMPA FL 33606-2340

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.

Signature of
Registered Agent

Date

4/16/02

REGISTERED AGENT MUST SIGN

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

04/16/02
Date

813-759-1889
Daytime Phone #

CR2ED40 (9/00)



ACCOUNT NO. : 072100000032

REFERENCE : 534860 7333703

AUTHORIZATION :

Patricia Pajot

COST LIMIT : \$ 1050.00

ORDER DATE : April 18, 2002

ORDER TIME : 10:59 AM

ORDER NO. : 534860-005

CUSTOMER NO: 7333703

CUSTOMER: Mr. Wallace Sullivan, Jr.
Fastload Aluminum Boat
611 West Martin Luther King
Jr., Boulevard
Plant City, FL 33566

RECEIVED
02 APR 18 AM 11:34
DIVISION OF CORPORATION

DOMESTIC FILINGS

FILE FIRST

P

NAME: FASTLOAD ALUMINUM BOAT
TRAILERS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____