

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J89222**

1. Corporation Name

UNIVERSAL MACHINERY ERECTORS, INC.

Principal Place of Business

Mailing Address

5400 W KNIGHTS GRIFFIN RD
P.O. BOX 1767
PLANT CITY FL 33565
US

P O BOX 1767
P.O. BOX 1767
PLANT CITY FL 33564-1767
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1987

5. FEI Number

59-2838930

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 3	City / State / Zip 4
PVPT	MERCER, SHERMAN	6671 STATE ROUTE 132	GOSHEN OH
S	MERCER, JANA R.	5400 W KNIGHTS GRIFFIN RD	PLANT CITY FL
			100024854711 11/19/03--01033--015 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MERCER, JANA~~
~~5400 W KNIGHTS GRIFFIN RD~~
~~PLANT CITY FL 33565~~

Name

Sherman Mercer

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

1040 Lakeshore Drive

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33805

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. or 617.0505, F.S.

Signature of
Registered Agent

Sherman Mercer
REGISTERED AGENT MUST SIGN

Date

10/23/03

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:

Sherman Mercer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/03

CR2E040 (7/03)