

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 FEB -4 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L11930

1. Corporation Name

SABO EQUIPMENT SALES, INC.

2. Principal Office Address

15010 Lakeside View Dr.

Suite, Apt. #, etc.

Suite 203

City & State

Fort Myers, FL

Zip

33908

Country

US

3. Mailing Office Address

6226 Presidential Court

Suite, Apt. #, etc.

Suite F

City & State

Fort Myers, FL

Zip

33919

Country

US

**REINSTATEMENT 98-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

8/29/89

5. FEI Number

65-0168944

Applied For

6. CERTIFICATE OF STATUS DESIRED ☒

**7. Name and Address of Current Registered Agent**

Name

Waldrop, Robert A.

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

15010 Lakeside View Dr.

Suite, Apt. #, Etc.

Suite 203

City

Fort Myers

300003128503--1

02/08/00--01134--007

\*\*\*\*\*8.75 \*\*\*\*\*8.75

300003128503--1

02/08/00--01134--008

\*\*\*1050.00 \*\*\*1050.00

State

FL

Zip Code

33908

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2-3-2000

**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/S/D	Waldrop, Robert A.	15010 Lakeside View Dr. Suite 203	Fort Myers, FL 33908
			5900.00 - Adm
			61.25 - AR
			88.75 - AR SUPP

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:

*[Signature]* Robert A. Waldrop, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-3-2000

Daytime Phone #

941-454-4911