

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 15 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01479

1. Corporation Name

The Elevator Association of Florida

2. Principal Office Address - No P.O. Box #

7100 TPC Dr

3. Mailing Office Address

7100 TPC Dr

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32822

Country

USA

Zip

32822

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1984

5. FEI Number
59-3486424

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tim Newton

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

7100 TPC Dr

Suite, Apt. #, Etc.

300

City

Orlando, FL

State

FL

Zip Code

32822

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 4/13/09

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	Tom Waardenburg	3389 Sheridan St., #508	Hollywood, FL 33021
VP	Lee Rigby	8830 Freedom Rd.	Tallahassee, FL 32305
S/D	Chris Strawn	8830 Freedom Rd.	Tallahassee, FL 32305
T	Tim Newton	7100 TPC Dr., #300	Orlando, FL 32822
D	Charlie Slater	433 Plaza Dr.	Tarpon Springs, FL 34689
D	Bob Szelc	PO Box 621328	Oviedo, FL 32762

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 contained in Chapter 119, 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

4/13/09

Date

407-467-0454

Daytime Phone #