

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 03, 2003 8:00 A.M
Secretary of State

DOCUMENT # **P00000029582**

1. Corporation Name

AERIAL RIGGING, INC.

Principal Place of Business

**2940 DRANE FIELD ROAD
LAKELAND FL 33811**

Mailing Address

**2940 DRANE FIELD ROAD
LAKELAND FL 33811**



REINSTATEMENT

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

03/17/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3634268

Applied For

City & State

City & State

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WIENER, MICHAEL G	4040 WILLIAMS TOWN BLVD	LAKELAND FL 33810
D	WENSVEEN, ROLAND V	123 KINGS COURT	SAVANNAH GA 31406
	WIENER, MICHAEL G	5 CANA VERDE	LAKELAND FL 33813
			700009464527 12/11/02--01027--008 **750.00
			700009464527 12/11/02--01027--009 **8.75

8. Name and Address of Current Registered Agent

**PUTNAM, ABEL A
500 S FLA AVE STE 200
LAKELAND FL 33801**

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/23/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 23/02 863-607-9100

Daytime Phone #

CR2E040 (8/02)