

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

02 OCT 28 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

00000030721

1. Corporation Name

Equipment Senter, Inc

2. Principal Office Address

201 Balboa St.

3. Mailing Office Address

201 Balboa St

Suite, Apt. #, etc.

Apt A

Suite, Apt. #, etc.

Apt A

City & State

Ft Pierce, FL

City & State

Ft Pierce FL

Zip

34949

Country

St Lucie

Zip

34949

Country

St Lucie

600008636586

10/28/02--01122--008 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/00

5. FEI Number

59-3642016

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

Nathan Senter

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

201 Balboa St

Suite, Apt. #, Etc.

Apt A

City

Ft Pierce

State
FL

Zip Code

34949

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

Nathan Senter

Date 10/18/02

REGISTERED AGENT MUST SIGN

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	Nathan Senter	210 Balboa St Apt A	Ft Pierce FL 34949

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:

Nathan Senter

Nathan Senter

10/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

10-18-02

To whom it may Concern

My business address and place
of business has change. Previously my
address was 501 N.W. Sharpe St.
Port St. Lucie Fl. or P.O Box 917421
Longwood Fl. Now my new mailing
and business are all one 201 Balboa
Apt A Ft. Pierce Fl. 34949

Do to this change I did
not get my reports.

Please call me if you have
questions (772) 464 5755

Equipment Senter Inc.
FEI# 59-3642016
~~Matt~~ ~~Senter~~ pres