PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

02 DEC -3 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086769

1. Corporation Name

GENERAL ELEVATOR SALES AND SERVICE CLEARWATER, INC.

Principal Place of Business
6218 147TH AVE. NORTH
CLEARWATER FL 33760

Mailing Address
6218 147TH AVE. NORTH
CLEARWATER FL 33760

REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State: Orlando, FL
Zip: 32837
Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida: 08/30/2001

5. FEI Number: 59-3671259 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED XX — $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)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DVST	William Cavinder	2720 E. Michigan Blvd.	Michigan City, IN
P	Michael D. Cavinder	10801 Satellite Blvd	Orlando, FL 32837
V	David P. Cavinder	6218 147th Avenue N.	Clearwater, FL

600008715456
12/03/02--01080--001 **600.00

600008715456
10/31/02--01011--004 **158.75

8. Name and Address of Current Registered Agent
GENERAL ELEVATOR SALES AND SERVICE, INC.
10801 SATELLITE BLVD.
ORLANDO FL 32837

9. Name and Address of New Registered Agent
Name: Michael D. Cavinder
Street Address (P.O. Box Number is Not Acceptable): 10801 Satellite Blvd.
Suite, Apt. #, Etc.
City: Orlando — State: FL — Zip Code: 32837

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 _____ Date 10/23/2002
REGISTERED AGENT MUST SIGN

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: _____ Michael D. Cavinder, President 10/23/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/02)