

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -3 PM 4:22

DOCUMENT # P01000088246

1. Corporation Name

UNITED ELEVATOR CAB & ACCESORIES, INC.

2. Principal Office Address - No P.O. Box #
960 BUNKER AVENUE
1011 Bulkhead Road

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

Zip

32043

Country

US

3. Mailing Office Address 960 Bunker
1011 Bulkhead Road Avenue

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

Zip

32043

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida 09/27/2001

5. FEI Number
59-3744988

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

Richard K. Jones, Esq.

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

501 West Bay Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

☐ 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

Richard K. Jones

Date

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
D	A. Joseph Smith	960 Bunker Avenue 1011 Bulkhead Road	Green Cove Springs, FL 32043
D	Richard K. Wilson	960 Bunker Avenue 1011 Bulkhead Road	Green Cove Springs, FL 32043

REINSTATE

05-08
TS 6/4/08

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:

A. Joseph Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. JOSEPH SMITH 6-2-08 904-759-3020

Date

Daytime Phone #