

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
02/28
REINSTATEMENT



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

FILED
02 OCT 28 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108419

1. Corporation Name
EMERGENCY VEHICLE EQUIPMENT INSTALLATION, INC.

Principal Place of Business Mailing Address
~~1251 JASMINE RD~~ ~~1251 JASMINE RD~~
APOPKA FL 32703 APOPKA FL 32703



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

2. New Principal Office Address, If Applicable <u>2164 PLATINUM RD.</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <u>2164 PLATINUM RD.</u> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/09/2001	
SUITE F City & State <u>APOPKA FL</u>		SUITE F City & State <u>APOPKA FL</u>		5. FEI Number <u>59-3755224</u>	
Zip <u>32703</u>		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
<u>S/O VIO</u>	<u>DANIEL A SWIGER</u>	<u>1251 JASMINE RD</u>	<u>APOPKA FL 32703</u>
<u>P/VIO</u>			

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWIGER, DANIEL A
1251 JASMINE RD
APOPKA FL 32703

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 *Daniel A Swiger* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN Date 10-23-02

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: *Daniel A Swiger* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2040 (8/02)

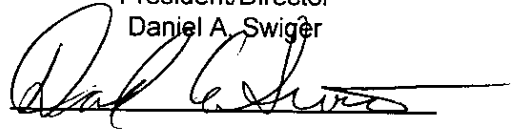
To Whom It May Concern,

We did not receive a uniform business report form . So We are including a
check for the total of 150.00 dollars to reinstate this corporation.

Daytime Phone Number: 321-228-1488

President/Director

Daniel A. Swiger

A handwritten signature in black ink, appearing to read "Daniel A. Swiger", written over a horizontal line.