

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 22 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000032521

1. Corporation Name

Lift North America, Inc.

2. Principal Office Address

9843 Costa Mesa Lane

3. Mailing Office Address

9843 Costa Mesa Lane

Suite, Apt. #, etc.

Unit 106

Suite, Apt. #, etc.

Unit 106

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135-6835

Country

Lee

Zip

34135-6835

Country

Lee

**4. Date Incorporated or Qualified
To Do Business in Florida** March 25, 2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

12/23/04 01035 014 900.00
REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Salvatori & Wood, P.L.

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

4001 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 330

City

Naples

State

FL

Zip Code

34103-3060

000043612180
12/23/04 01035 014 **900.00

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

Date April 8, 2005

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
PDVTS	Ian McNeil	9843 Costa Mesa Lane, Unit 106	Bonita Springs, FL. 34135-6835

000043612180
05/10/05--01084--010 **150.00

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:

IAN A. McNEIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ian A McNeil

Date

April 11/05

Daytime Phone #

239-514-0100

CR2E081 (01/04)

5/4/05