## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000088168

Entity Name: SUN STATE EQUIPMENT SALES & SERVICE, INC.

FILED Oct 06, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
460 CORN #100	CHE WAY				
	Y, FL 32746	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 953656 LAKE MARY, FL 32795 US		US	1009 NORTH GROVE STREET EUSTIS, FL 32726 US		
FEI Number:	20-5148464	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent				f New Registered Agent:	
SALMON, WILLIAM O 460 CORNICHE WAY #100 LAKE MARY, FL 32746 US			SALMON, WILLIAM O 1298 QUAIL RUN OSTEEN, FL 32764	US	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE: WILLIAM O SALMON				10/06/2007	
	Electronic	Signature of Registered Agent	İ	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () E SALMON, WILLIA PO BOX 953656 LAKE MARY, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CEO ()[ SHEA, JAMES O PO BOX 953656 LAKE MARY, FL	Delete 32795 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SEC () [ SALMON, CLARA PO BOX 953656 LAKE MARY, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	COO () E SHEA, JULIE PO BOX 953656	Delete	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CLARA SALMON SEC 10/06/2007

LAKE MARY, FL 32795 US

City-St-Zip: