

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 10, 2003 8:00 A.M.
Secretary of State

DOCUMENT # *K129*

1. Corporation Name

STANLEY'S GRADALL SERVICE, INC.
p21611

2. Principal Office Address

PO Box 205 - 25220 Luke St.

Suite, Apt. #, etc.

CHRISTMAS, Florida

City & State

32709

Zip

Country

ORANGE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

700012233497

02/10/03-01115-021-***900.00

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

4-26-79

5. FEI Number

59-1896208

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

GARLAND STANLEY

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

25220 LUKE ST.

Suite, Apt. #, Etc.

City

CHRISTMAS

State
FL

Zip Code

32709

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

Garland Stanley

REGISTERED AGENT MUST SIGN

Date *2/6/03*

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
<i>BV</i>	<i>GARLAND R. STANLEY</i>	<i>25220 LUKE ST</i>	<i>CHRISTMAS, FLA. 32709</i>
<i>PS</i>	<i>ANNE S. STANLEY</i>	<i>25220 LUKE ST.</i>	<i>CHRISTMAS, FLA. 32709</i>

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:

Garland Stanley - GARLAND STANLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 6, 2003

Date

407-568-4768

Daytime Phone #

CR2E081 (10/02)