

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P39148

1. Corporation Name

MANCHESTER EQUIPMENT CO., INC.

Principal Place of Business

Mailing Address

50 MARCUS BLVD.
HAUPPAUGE NY 11788

50 MARCUS BLVD.
HAUPPAUGE NY 11788

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1992

5. FEI Number

11-2312854

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| CDP | STEINBERG, BARRY | 50 MARCUS BLVD. | HAUPPAUGE NY 11788 |
| SD | STEMPLE, JOEL | 50 MARCUS BLVD. | HAUPPAUGE NY 11788 |
| T | Elan Yaish | 50 MARCUS BLVD. | HAUPPAUGE NY 11788 |
| D | JOEL ROTHLEIN | 684 BROADWAY | MASSAPEQUA NY 11758 |
| | | | |
| | | | |

800024983528

11/24/03--01098--019 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32305

Name

Janet Raabe

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

185 N.W. Spanish River Blvd.

Suite, Apt. #, Etc.

270

City

Boca Raton

State

FL

Zip Code

33431

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

(X)

Janet Raabe

REGISTERED AGENT MUST SIGN

Date (X)

11/18/03

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:

(X) Elan Yaish

Elan Yaish, C.F.O.

November 19, 2003 (631)435-1199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #