PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P93000034713 DOCUMENT #

1. Corporation Name

ECOA HYDRAULIC LIFTS, INC.

Principal Place of Business

Mailing Address

1000 HIALEAH DRIVE

4000 HIALEAN DR

FILED
SECRETARY OF STATE
SIVISION OF CORPORATIONS 00 NOV 13 PM 1:32

REINSTATEMENT	Х

HIALEAH FL 33010			-001 -00UTH FIGUEROA -STREET_SUITE-1500				F 1967) BOT 170 I CLOB FILM DORUT ORAIT BEITH BOLDE OILE FOURT HOUSE GLOBE CHALFOR.				
US HIALEAN FL 3				<del>10010</del>			REINSTATEMENTO				
If above a	dresses are	incorrect in any way, line th	rough incorrect in	formation a	and enter o	orrection below.				<u> "UU_</u>	
New Principal Office Address, If Applicable     New Mailir     S				og Office Address, If Applicable  E.FRANCIS ST			Date Incorporated or Qualified     To Do Business in Florida     05/13/1993				
			Suite, Apt. #,				5. FEI Number Applied For				
City & State			City & State			65-0410720 Not Applicable					
				UNTARIO CA							
Zip Country Zip 9/7			9/76	Country CERTIFIC			CERTIFICATE	ATE 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) Name of Officers and/or Directors				Street Address of Eacl Officer and/or Director						2006 ***758_75	
P	SUGIURA, WATARU			5651 EAST FRANCIS STREET			ONTARIO CA				
V	CLARK, ROBERT L			5651 EAST FRANCIS STREET			ONTARIO CA				
T	RILEY, KEVIN J				5651 EAST FRANCIS STREET			ONTARIO CA			
S	JONES, LACOUNT				5651 EAST FRANCIS STREET			ONTARIO CA			
V	STONE, ROBERT M				5651 EAST FRANCIS STREET			ONTARIO CA			
	,					(	MVW2	9			
8. Name and Address of Current Registered Agent							9. Name and A	ddress of New Regist	ered Agent		
The same of the sa						Name Day	MIND N	RELDER		•	
HORNINGER; WILLIAM						Street Address (P.O. Box Number is Not Acceptable)					
1000 HIALEAH DRIVE											
HIALEAH FL 33010				Suite, Apt. #, Etc.							
				City				State Zip Code			
10. I. being	appointed th	ne registered agent of the al	pove named corp	oration, am	familiar wi	th and accept the o	bligations of Secti	ion 607.0505, F.S.			
Signature o	ıf	- Sanua	JUL A	Moli		MRED	<del></del>		021-0	0	
			CEGISTERED AC								
thic rair	retatoment ac	officer or director or the recoplication, the reason for distion have been paid and the	solution has been	eliminatac	the como	arate name satisties	the requirements	or section 607.0401 or	017.U4U1, F	.S., mar an lees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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