

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076245

1. Corporation Name

ENGINEERED INDUSTRIAL PRODUCTS, INC.

Principal Place of Business

4355 DRANE FIELD ROAD
LAKELAND FL 33811

Mailing Address

P.O. BOX 7172
LAKELAND FL 33807

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1993

5. FEI Number

59-3218270

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
PD	MOORE, WILLIAM B	4355 DRANE FIELD ROAD	LAKELAND FL 33811
SD	ROTH, S. LEE	4355 DRANE FIELD ROAD	LAKELAND FL 33811
VD	CLYNE, JEFFREY A	4355 DRANE FIELD ROAD	LAKELAND FL 33811
TD	HODGE, THOMAS M	4355 DRANE FIELD ROAD	LAKELAND FL 33811
			8000003463798--5 -11/15/00--01029--001 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

MOORE, WILLIAM B
4355 DRANE FIELD ROAD
LAKELAND FL 33811

9. Name and Address of New Registered Agent

Name Thomas M. Hodge
Street Address (P.O. Box Number is Not Acceptable)
4355 Drane Field Road
Suite, Apt. #, Etc.
City Lakeland State FL Zip Code 33811

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/24/2000

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/2000
Date

Daytime Phone #

KE