

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P94000057142

1. Corporation Name

LEE'S EQUIPMENT SERVICE, INC.

Principal Place of Business

Mailing Address

2981 RIBBON COURT  
FT. MYERS FL 33905  
US

2981 RIBBON COURT  
FT. MYERS FL 33905

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

REINSTATEMENT

2000

4. Date Incorporated or Qualified  
To Do Business in Florida

07/29/1994

SP

5. FEI Number

65-0515082

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	WILLIAMS, RUFUS L	2981 RIBBON COURT	FT. MYERS FL 33905
VSD	WILLIAMS, GIAL	2981 RIBBON COURT	FT. MYERS FL 33905

600003436906--0  
-10/24/00--01067--009  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

WILLIAMS, RUFUS L  
2981 RIBBON COURT  
FT. MYERS FL 33905

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Rufus L. Williams*

Date 10-13-00

REGISTERED AGENT MUST SIGN

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:

*Rufus L. Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-00 941-693-1698

Date

Daytime Phone #

CR2E040 (8/00)