FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 DEC 31 PM 4:00

CORPORATION REINSTATEMENT

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

DOCUMENT # P94000064288

1. Corporation Name
MATERIALS & EQUIPMENT CORPORATION

00-01

REINSTATEMENT

2. Principal Office Address		3. Mailing Office Address	
11801 ELYSSA RD		11801 ELYSSA RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
THONOTOSASSA, FL		THONOTOSASSA, FL	
Zip	Country	Zip	Country
33592	U.S.A.	33592	U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 08/23/1994

5. FEI Number: 59-3265065 ☐ 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: RANDY K. STERNS

Street Address (P.O. Box Number is Not Acceptable): 220 S. FRANKLIN STREET

Suite, Apt. #, Etc.:

City: TAMPA, FL 33602 | State: FL | Zip Code: 33602

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: Randy K Sterns — REGISTERED AGENT MUST SIGN — Date: 12/31/01

CR2E061 (9/00)

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
P, D	DAVID T. PALAZZO	11801 ELYSSA RD.	THONOTOSASSA, FL 33592
VP,S,T	JAN G. BURNETT	11801 ELYSSA RD.	THONOTOSASSA, FL 33592
			AD

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: [signature] 12/31/01 8132249253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Division of Corporations

NJH

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

MATERIALS & EQUIPMENT CORPORATION

Certificate of Status	0
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