PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

97 NOV 14 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000021717

1. Corporate Name:
PRIME EQUIPMENT CORPORATION

Principal Place of Business: Mailing Address:
310 South Pinellas Avenue
Tarpon Springs, FL 34689

REINSTATEMENT 96-97

If any of the above information is incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
14000 - 66th Street N.
Suite, Apt. #, etc.
City & State
Largo, FL
Zip 33771 County Pinellas

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 3-16-95

5. FEI Number: 59-3323442 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Demetri Kotsovolos	14000 - 66th Street North	Largo, FL 33771
VP/S/D	Peter Kotsovolos	14000 - 66th Street North	Largo, FL 33771

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8. Name and Address of Current Registered Agent
Nick Kyprianou
2187 Logan Street
Clearwater, FL 34625

9. Name and Address of New Registered Agent
Name: Stavros Tingirides, Esquire
Street Address (P.O. Box Number is Not Acceptable): 800 North Belcher Road,
Suite, Apt. #, Etc.: Suite 4
City: Clearwater State: FL Zip Code: 33765

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] REGISTERED AGENT MUST SIGN Date 11-12-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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] 11·12·97 813 536 8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)