

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 FEB 11 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 003000035740

1. Corporation Name

TAMPA EQUIPMENT CO

Principal Place of Business

Mailing Address

4812 COOLIDGE AVENUE
TAMPA FL 33614
PO Box 26372
TAMPA FL 33622

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

4. Date Incorporated or Qualified
To Do Business in Florida

5/8/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59 3257834

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PRES	THOMAS M SECORD JR	17541 CEDAR WOOD LOOP	Lutz FL 33549
SECT TREAS	ELEANOR E SECORD	10444 ST TROPEZ PL	TAMPA FL 33615

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-02/17/98--01007--008
****908.75 ****908.75

REINSTATEMENT

97-98
188
2/11/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELEANOR E SECORD
10444 ST TROPEZ PL
TAMPA FL 33615

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Eleanor E Secord

REGISTERED AGENT MUST SIGN

Date

2/9/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Eleanor E Secord

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/98 (716) 870 0630

Date

Daytime Phone #

CR2E040 (1/98)