

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

98 MAR -9 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088649

1. Corporation Name

Meter Specialists, Inc.

Principal Place of Business

Mailing Address

7200 Griffin Rd
Suite 4B
Davie FL 33314

200002454412--2
-03/11/98--01109--022
***1050.00 ***1050.00

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

2. New Principal Office Address, If Applicable

7200 Griffin Rd
Suite, Apt. #, etc.
4B

3. New Mailing Office Address, If Applicable

7200 Griffin Rd
Suite, Apt. #, etc.
4B

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/95

5. FEI Number

650617674

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
President	William H Westrich	17500 SW 89th	Miami FL 33157

REINSTATEMENT 97-98

G. Adams

3/9/98

8. Name and Address of Current Registered Agent

Frank L Knight
4181 SW 103 ave
Davie FL 33328

9. Name and Address of New Registered Agent

Name
William H Westrich (President)
Street Address (P.O. Box Number is Not Acceptable)
17500 SW 89th
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33157

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

William H Westrich

REGISTERED AGENT MUST SIGN

Date

3/4/98

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:

William H Westrich

William H Westrich

Date

3/4/98

Daytime Phone #

305 252-2205