

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

APPLICATION  
**99AR**  
REINSTATEMENT



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

97 NOV 17 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000009363**

1. Corporation Name

**POS EQUIPE CORPORATION**

Principal Place of Business

**1211 S. RAMONA AVE.  
INDIALANTIC FL 32903**

Mailing Address

**1211 S. RAMONA AVE.  
INDIALANTIC FL 32903**



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

2. New Principal Office Address, If Applicable

**21010 NE 25th Court**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

**North Miami Beach, FL**

City & State

Zip

**33180**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/26/1996**

5. FEI Number

**43-1566752**

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
PTD	KOENIG, RICHARD D	1211 S. RAMONA AVE.	INDIALANTIC FL 32903
VSD	WALDRON, DONALD	2945 CHURCHILL DR.	ST. LOUIS MO 63033
D	KOENIG, MARILYN	19341 N.E. 19TH AVE.	NORTH MIAMI BEACH FL 33179

900002350929--3  
-11/18/97-01081-019  
\*\*\*\*165.00 \*\*\*\*165.00

*8/11/18*

8. Name and Address of Current Registered Agent

**KOENIG, RICHARD D  
1211 S. RAMONA AVE.  
INDIALANTIC FL 32903**

9. Name and Address of New Registered Agent

Name

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

**21010 NE 25th Court**

Suite, Apt. #, Etc.

City

**North Miami Beach**

State

**FL**

Zip Code

**33180**

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 November 1997**

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 November 1997 305 931 8752

Date

Daytime Phone #

CR2E040 (8/97)