

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 20 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020915

1. Corporation Name

EQUIPMENT OUTLET, INC.

Principal Place of Business

Mailing Address

~~247 N. U.S. HIGHWAY 17-92~~
LONGWOOD FL 32750

~~247 N. U.S. HIGHWAY 17-92~~
LONGWOOD FL 32750

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

2. New Principal Office Address, If Applicable

~~237 N. U.S. HIGHWAY 17-92~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~237 N. U.S. HWY 17-92~~
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1996

5. FEI Number

59-3367872

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
D	LEVISON, DAVID M	247 N. U.S. HIGHWAY 17-92 327	LONGWOOD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVISON, DAVID M
247 N. U.S. HIGHWAY 17-92
LONGWOOD FL 32750

Name

DAVID M LEVISON

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

~~237~~ N. U.S. HIGHWAY 17-92

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

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 REQUIRED~~
REGISTERED AGENT MUST SIGN

Date

11/12/98

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:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M LEVISON

Date

11/12/98

Daytime Phone #

407-652-2700

CR2ED-00 (9/98)