

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P916000037573

1. Corporation Name
Suhl's Industrial Park INC.

100004534011--3
-08/14/01--01054--027
***1350.00 ***1350.00

2. Principal Office Address <u>958 S. Hoagland Blvd</u>		3. Mailing Office Address <u>958 S. Hoagland Blvd</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Kissimmee, FL</u>		City & State <u>Kissimmee, FL</u>	
Zip <u>34741</u>	Country <u>USA</u>	Zip <u>34741</u>	Country <u>USA</u>

REINSTATEMENT 97-01

4. Date Incorporated or Qualified To Do Business in Florida <u>4-30-96</u> SP	
5. FEI Number <u>59-3502644</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Gary W Suhl

Street Address (P.O. Box Number is Not Acceptable)
958 S. Hoagland Blvd

Suite, Apt. #, Etc.

City Kissimmee State FL Zip Code 34741

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Gary W Suhl Date 7-31-01
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	Gary Suhl	1299 Greenskeep Dr.	Kissimmee, FL 34741
S	Diane Suhl	1299 Greenskeep Dr.	Kissimmee, FL 34741
VP.	Jed suhl	1199 Greenskeep Dr.	Kissimmee, FL 34741

10. 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: Gary W Suhl GARY W Suhl Date 7-31-01 Daytime Phone # 4078463330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)