

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000037573

1. Corporation Name

SUHL'S INDUSTRIAL PARK, INC.

Principal Place of Business

Mailing Address

958 S. HOAGLAND BLVD  
 KISSIMMEE FL 34741

958 S. HOAGLAND BLVD  
 KISSIMMEE FL 34741

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

04/30/1996

5. FEI Number

59-3502644

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	4 City / State / Zip
P	SUHL, GARY	1299 GREENSKEEP DR	KISSIMMEE FL 34741
S	SUHL, DIANE	1299 GREENSKEEP DR	KISSIMMEE FL 34741
VP	SUHL, JED	1199 GREENSKEEP DR	KISSIMMEE FL 34741
			800019850298 05/23/03--01084--002 **900.00
			600013475336 05/08/03--01014--026 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUHL, GARY W  
 958 S. HOAGLAND BLVD  
 KISSIMMEE FL 34741

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. or 617.0505, F.S.

Signature of Registered Agent

*SIGNATURE REQUIRED*  
 REGISTERED AGENT MUST SIGN

Date 3-21-03

11. 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

3-20-03

Date

407 846.3030

Daytime Phone #

FILED  
 03 MAY 23 PM 12:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03

CR2E040 (8/02)