

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P96000043323

1. Corporation Name

WILDCAT EQUIPMENT COMPANY, INC.

2. Principal Office Address

1115 SOUTH MAIN ST.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FLORIDA

Zip

34601

Country

U.S.A.

3. Mailing Office Address

1115 SOUTH MAIN ST.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FLORIDA

Zip

34601

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/96

5. FEI Number

59-3386133

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS S. HOGAN, JR.

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

20 SOUTH BROAD STREET

Suite, Apt. #, Etc.

City

BROOKSVILLE

State

FL

Zip Code

34601

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

Date

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
DPST	JOHN G. GRUBBS	1115 SOUTH MAIN STREET	BROOKSVILLE, FL 34601

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:

SIGNATURE AND LEGAL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/00

Date

352-796-1912

Daytime Phone #

FILED

00 NOV 29 AM 10:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

700003493227--0

-12/11/00--01032--021

****750.00 ****750.00

00