APPROVED AND FILED

(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97-98 REINSTATEMENT

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

1998 MAR 13 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000047640

1. Corporation Name

Walco Equipment Company, Inc.

Principal Place of Business	Mailing Address
4020 E. 12th Ave. Tampa, FL 33605	4020 E. 12th Ave. Tampa, FL 33605

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: 05/30/1996

5. FEI Number: ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres CEO	James Bedsworth, Sr.	15720 W. 108th, Ste. 200	Lenexa, KS 66285
Exec VP Sec	Rick Rew	15720 W. 108th, Ste. 200	Lenexa, KS 66285
Chrmn Board	C. John Rew	15720 W. 108th, Ste 200	Lenexa, KS 66285
Trea CFO	Michael Black	15720 W 108th, Ste 200	Lenexa, KS 66285

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8. Name and Address of Current Registered Agent

Stanonis, Lawrence
4020 E. 12th Ave.
Tampa, FL 33605

9. Name and Address of New Registered Agent

Name: Corporation System Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee
State: FL
Zip Code: 32301

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: _____
REGISTERED AGENT MUST SIGN Troy Todd, As Agent
Date: March 13, 1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: _____ James W. Bedsworth, Sr. 3-2-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 737891 4719707

AUTHORIZATION : Patricia Pyjits

COST LIMIT : $ 900.00

ORDER DATE : March 11, 1998

ORDER TIME : 10:47 AM

ORDER NO. : 737891-005

CUSTOMER NO: 4719707

CUSTOMER: Cheryl Duren, Legal Asst
Polsinelli White Vardeman &
700 West 47th Street, #1000
Plaza Steppes Building
Kansas City, MO 64112-1802

DOMESTIC FILINGS

200002456602--6

NAME: WALCO EQUIPMENT COMPANY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____

RECEIVED
98 MAR 13 AM 11:32
DIVISION OF CORPORATION