PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMENT	ı



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	061.	1100000485
1. Corporation Name	170	0000043102

FIRE APPARATUS REPAIR INCORPORATED

02 APR 10 AM 10:56 Secretary of State

REINSTATEM	00-02
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2. Principal Office Address 2423 Wildwood Ct. Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.		MEINS INTENTION TO THE		
City & State		City & State		11-12-96		
Winter Ha	vên, fl	same	<u> </u>	5. FEI Number 65-07-19260	Applied For Not Applicable	
Zip	Country	Zip ·	Country	6.		
33884	Polk	same	same	CERTIFICATE OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status	
		7. Name a	and Address of Current R	egistered Agent	,	
Nam	e '/.		1-31			
Stree	David E. S				5035 -0	
	2423 Wildwood	. ,		-04/22/02-	-01113003	

Street Address (P.O. Box Number is Not Acceptable) 2423 Wildwood Ct.	ber is Not Acceptable) -04/22/0201113	
Suite, Apt. #, Etc.	****458.75 ****45	
City	State Zip Code	
Winter Haven	FL 33884	

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

REGISTERED AGENT MUST SIGN

Date 4/07/02

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
Pres/ Tres V/Pres	<u>David E Steger</u>	2423 Wildwood Ct.	Winter Haven, Fl 33884
Sec	Sandra C. Steger	2423 Wildwood Ct.	Winter Haven, Fl 33884
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David E. Steger

4/07/02 Date

(863) <u>318-166</u>5

Davtime Phone #

2423 Wildwood Court Winter Haven, Florida 33884 (863) 318-1665 April 7, 2002

Katherine Harris, Secretary of State Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Mrs. Harris:

On November 12, 1996, my business, Fire Apparatus Repair, became incorporated as an "S" corporation. At that time, I was living at 1556 Rodan Court, Orange Park, Florida, 32073. In April, 1999, I relocated to my present address in Winter Haven. At the time of my relocation, I placed a call to the Division of Corporations, and informed them of my change of address. I was not informed that this information needed to be submitted in writing.

In the process of moving and getting settled, I did not realize I had not received any renewal papers from your office. In two recent phone conversations with your staff, I was informed that these papers had been returned to your office.

On March 29, 2002, I spoke with "Cathy", and she instructed me to complete the corporation reinstatement papers that she would send me, and include a letter stating why I had let the corporation lapse. She also instructed me to include past and current payments of \$450.

I hope this clarifies the situation to your satisfaction.

Sincerely yours,

David E. Steger