

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

Page 1 of 2

DOCUMENT # P96000095736

1. Corporation Name

AMERICAN LIFT, INC.

Principal Place of Business

~~2677 N.W. 10TH ST.~~
~~SUITE 15~~
~~OCALA FL 34475~~

Mailing Address

P.O. BOX 5430
OCALA FL 34478

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1736 N. MAGNOLIA AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

OCALA, FL 34470

Zip

34470

Country

MARION

City & State

Zip

Country

FILED
Nov 21, 2001 8:00 A.M.
Secretary of State



4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1996

5. FEI Number

59-3415298

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BATH, BEN	13611 N. MAGNOLIA AVE.	CITRA FL 32113

300004746303--6

-01/02/02--01010--010

****175.00 ****175.00

8. Name and Address of Current Registered Agent

GILL, S. RAY
613 S.E. FT. KING STREET
OCALA FL 34471

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/15/2001

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

Date

Daytime Phone #

Allen: Page 2 of 2
Tyron

850-245-607


American Lift, Inc.
P.O. Box 5430
Ocala, FL 34478
(352) 732-6454
Sales, Service, Rentals

December 24, 2001

To whom it May Concern,

This letter is to let you know that we (American Lift) never received any previous notices for the Corporation yearly certification. Please waiver any additional fees that we may have encored.

Sincerely,


Shelia Magnuson