

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 JUL 17 PM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000050537

1. Corporation Name

Southeast Material Handling Systems Inc.

[Handwritten Signature]

2. Principal Office Address

1725 Cogswell Street

3. Mailing Office Address

1725 Cogswell Street

Suite, Apt. #: etc.

Suite, Apt. #, etc.

City & State

Rockledge, Florida

City & State

Rockledge, Florida

Zip

32955

Country

USA

Zip

32955

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 6th, 1997

5. FEI Number

59-350-9742

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

William P Zurick Jr.

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

545 Hibiscus Blvd

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date July 8th, 2003

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
DP	Zurick, William P JR.	1725 Cogswell Street	Rockledge, Florida 32955

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:

[Handwritten Signature]

William P Zurick Jr.

7/08/2003 321-639-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)