

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPLIED  
AND  
FILED

DOCUMENT # P97000050537

1. Corporation Name

Southeast Material Handling Systems Inc.

03 JUL 17 PM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address  
1725 Cogswell Street

Suite, Apt. #, etc.

3. Mailing Office Address  
1725 Cogswell Street

Suite, Apt. #, etc.

City & State  
Rockledge, Florida

City & State  
Rockledge, Florida

Zip  
32955

Country  
USA

Zip  
32955

Country  
US

**REINSTATEMENT 02-03**

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

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

500021621995  
07/17/03--01051--003 \*\*908 75

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

July 8th, 2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
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:

William P Zurick Jr.

7/08/2003 321-639-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #