

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
98AR
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 30 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100367

1. Corporation Name

HIGH REACH MOTOR, INC.

Principal Place of Business

Mailing Address

~~621 W. ORANGE BLVD~~
~~ORLANDO FL 32822~~

P.O. Box 400
~~621 W. ORANGE BLVD~~
ZELLWOOD FL 32798



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

621 W. ORANGE BLVD

P.O. Box 400

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3479805

Not Applicable

Zip

Country

Zip

Country

32703

USA

32798

USA

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PTD	ALVELO, MOISES	3710 GEORGE MARTIN RD.	ZELLWOOD FL 32798
PTD	ALVELO, MOISES	3710 GEORGE MARTIN RD.	ORLANDO FL 32822
			000002703900--7 -12/04/98--01111--009 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ALVELO, MOISES~~
~~3710 GEORGE MARTIN RD.~~
~~ORLANDO FL 32822~~

Name

MOISES ALVELO JR.

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

3710 GEORGE MARTIN RD

Suite, Apt. #, Etc.

City

ZELLWOOD

State

FL

Zip Code

32798

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]
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-24-98

Daytime Phone #

CR2E040 (09/98)