

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000023583**

1. Corporation Name

MATERIAL HANDLING INC.

Principal Place of Business

P.O. BOX C
EUSTIS FL 32727-0378

Mailing Address

P.O. BOX C
EUSTIS FL 32727-0378

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1998

5. FEI Number

61-1284263

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WOOD, JAMES	P.O. BOX C N/A	EUSTIS FL 32727
D	WOOD, PENNY K	P.O. BOX C N/A	EUSTIS FL 32727

300008780973
11/04/02--01057--019 **150.00

300008780973
11/04/02--01057--019 **600.00

8. Name and Address of Current Registered Agent

WOOD, JAMES
33137 STATE ROAD 44B
EUSTIS FL 32736

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

CR20040 (8/02)



James E. Wood
Material Handling Inc.
P. O. Box C
Eustis, Florida 32727-0378

Office: (352) 383-1626

Fax: (352) 383-1636

Oct 31, 02

Dear Sir!

I Just Received this Post letter,
And I am so sorry, I thought
this had been taken care of
by my Account. While I was
away. Please can I pay
the \$150.00 and it will be
Reinstated.

Thank You
So Much
J. E. Wood
V. Pres.