

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000023583**

1. Corporation Name

**MATERIAL HANDLING INC.**

Principal Place of Business

Mailing Address

P.O. BOX C  
EUSTIS FL 32727-0378

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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
			800023992128 10/21/03--01158--001 **150.00
			10/21/03--01158--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOOD, JAMES  
33137 STATE ROAD 44B  
EUSTIS FL 32736

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

*James E Wood*

REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

*James E Wood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

352-383-1626

CR2E040 (7/03)



**James E. Wood**  
Material Handling Inc.  
P. O. Box C  
Eustis, Florida 32727-0378  
Office: (352) 383-1626  
Fax: (352) 383-1636

10/10/03

Department of State  
Division of Corporations

Dear: Sir.

Please review this letter that-is-accompanying this reinstatement form.

I received the forms for filing, I have failed to file because I just simply forgot, and I have been going through some bad times. My wife on May 6th had Brain surgery for the removal of a tumor, which was malignant. On July 7<sup>th</sup> She started Radiation therapy witch took us to August 22<sup>nd</sup> and then on September 26<sup>th</sup> She started Chemotherapy, which will take us through next February or March. I have been unable to do any jobs since all this has happened. She cannot be left alone.

I have no one for help, and I have been just overwhelmed with all the problems. I am asking you to waiver the reinstatement fee. I am inclosing a check for \$150.00 I hope you can help us with this problem.

Sincerely

A handwritten signature in cursive script, appearing to read "James E. Wood", is written over the typed name.

James E. Wood President  
Material Handling, Inc.