

APPLICATION
FOR
REINSTATEMENT
DOCUMENT # **P98000029572**
1. Corporation Name
INTERLIFT ENTERPRISES, INC.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

Principal Place of Business
**5817 GLENHOLM CIRCLE
NAPLES FL 39119**

Mailing Address
**5817 GLENHOLM CIRCLE
NAPLES FL 39119**

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
5667 schaff road
Suite, Apt. #, etc.
City & State
Cleveland, Ohio 44131
Zip Country
44131

4. Date Incorporated or Qualified To Do Business in Florida
03/30/1998

5. FEI Number
59-3513177

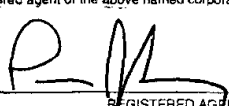
6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	GRAFFY, PHILIP J	5817 GLENHOLM CIRCLE	NAPLES FL 34119
VPS	GRAFFY, ROBERT G	199 AUDUBON BLVD.	NAPLES FL 34110
VP	Douglas L. Simcox	5667 Schaff Rd.	Cleveland, Ohio 44131
			200004718702-4
			-12/11/01--01051--024
			***150.00 ***150.00

8. Name and Address of Current Registered Agent
**GRAFFY, PHILIP J
5817 GLENHOLM CIRCLE
NAPLES FL 39119**

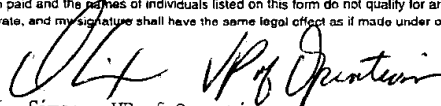
9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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  Date **11/5/01**

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:  **Douglas L. Simcox, VP of Operations**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/6/01** Daytime Phone # **246-328-0970**

1022

FILED
Dec 06, 2001 8:00 A.M.
Secretary of State



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Interlift Enterprises, Inc.
5667 Schaaf Road
Cleveland, Ohio 44131
Office 216-328-0970
Fax 216-328-0870

November 6, 2001

RE: Notice of Administrative Dissolution

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

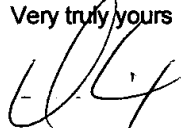
Enclosed is a completed Application for Reinstatement of Corporate status in Florida. We recently received a certificate of administrative dissolution or revocation for Interlift Enterprises, Inc, document number P98000029572.

This corporation should not have been dissolved and our failure to file the 2001 corporation annual report / uniform business report was due to the fact that the mailings never reached us. Please note that the correct mailing address should be 5667 Schaaf Road, Cleveland, Ohio 44131.

I have enclosed a check for \$150.00 and respectfully request that the reinstatement fee be waived.

Please telephone me at 216-328-0970 if you have any questions or comments.

Very truly yours


Doug Simcox
VP of Operations
Enclosure (1)

DLS/ms