

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations
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DOCUMENT # P98000067122

1. Corporation Name

FLORIDA CONVEYOR COMPANY

Principal Place of Business

Mailing Address

80 MARKLAND PLACE
ST AUGUSTINE FL 32084

80 MARKLAND PLACE
ST AUGUSTINE FL 32084

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

2. New Principal Office Address, If Applicable 80 Markland Place, Suite B Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 7103 Juniper Road Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 07/31/1998
City & State St Augustine FL Zip 32084	City & State Fairview, TN Zip 37062	5. FEI Number 59-3536634 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
1	2	3	4
Pres	Keith Mountain	190 Apaki Place	Diamondhead MS 39525
Vice Pres	LISA McCormick	2005 Garneis Creek Rd	Dickson TN 37055
Sec/Treas	Michelle Mountain	2600 Cole Ave Apt 404	Dallas TX 75204
			2100003028582--5 -11/08/99--01123--003 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

MOUNTAIN, KEITH
80 MARKLAND PLACE
ST AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name Gary Forman
Street Address (P.O. Box Number Is Not Acceptable)
80 Markland Place, Suite B
Suite, Apt. #, Etc.
City St. Augustine
State FL Zip Code 32084

CR2040 (3/98)

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

Gary Forman **REGULAR AGENT**
REGISTERED AGENT MUST SIGN

Date 10/21/99

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: *Lisa M McCormick Vice President* 10/18/99 615-799-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



**FLORIDA
CONVEYOR
COMPANY**

**7103 Juniper Road
Fairview, TN 37062
PH:(615)799-4001 • FAX:(615)799-8993**

Divisions of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 32314-6327

October 21, 1999

Dear Sirs,

Please find an enclosed check for \$150.00 for the annual report fee and the corporate supplemental fee (Ref: Document # P98000067122). Please waive the \$600.00 reinstatement fee as this is a new company and the address is not correct on the paperwork. This notice is the first and only one I have received.

If you have any questions or I need to do anything else, please contact me at 615-799-4001.

Sincerely,

Lisa McCormick
Vice President



**AN AMERICAN CONVEYOR GROUP COMPANY
PH: (615) 952-2506 FAX: (615) 952-2050**