

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN -8 PM 3:39

DOCUMENT # P99000005832

1. Corporation Name

AERIAL RIGGING & LEASING, INC.

Principal Place of Business

2940 DRANE FIELD ROAD
LAKELAND FL 33811

Mailing Address

2940 DRANE FIELD ROAD
LAKELAND FL 33811

REINSTATEMENT 02



400009465474

12/11/02--01025--023 **750.00

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

01/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3567574

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

P

WIENER, MICHAEL

4618 WILLIAMSTOWN BLVD

LAKELAND FL 33810

5 LOMA VERDE

LAKELAND FL
33813

400009465474
12/11/02--01025--024 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PUTNAM, ABEL A
500 S FLORIDA AVE
SUITE 200
LAKELAND FL 33801

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

REGISTERED AGENT MUST SIGN

Date

12/23/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23/02 863-607-9100

Date

Daytime Phone #