

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 19 PM 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028130

1. Corporation Name

RyLUK EQUIPMENT COMPANY

2. Principal Office Address

3601 ARNOLD AVENUE

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34104

Country

USA

3. Mailing Office Address

6011 WESTPORT LANE

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34116

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

MARCH 22, 1999

5. FEI Number

59-3573958

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

DREW KASLEY

8000003912728-9

Street Address (P.O. Box Number is Not Acceptable)

6011 WESTPORT LANE

03/27/01 01090-003

******750.00 ****750.00**

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34116

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date **3-5-01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
President	DREW KASLEY	6011 WESTPORT LANE	NAPLES FL 34116
Secy.	JACKIE KASLEY	6011 WESTPORT LANE	NAPLES FL 34116

10. 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] **DREW KASLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

941-430-7007

Daytime Phone #

CR2E081 (9/99)