

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL -6 AM 11:56

DOCUMENT # P02000119587

1. Corporation Name

Paul E Slaton, Inc

REINSTATEMENT 03-04

2. Principal Office Address

9910 Wadesboro Rd

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32317

Country

Leon

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/19/2003

5.

830340623

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

Paul E Slaton

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

9910 Wadesboro Rd

Suite, Apt. #, Etc.

City

Tallahassee, FL

State

FL

Zip Code

32317

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

X [Signature]

Date 7-03-04

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
VP	Daniel Slaton	9910 Wadesboro Rd	Tall, FL 32317
S	Lee Hatcher Slaton	9910 Wadesboro Rd	Tall, FL 32317
P	Paul E Slaton	9910 Wadesboro Rd	Tall, FL 32317

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] Slaton

7/2/04

Date

321-8137

Daytime Phone #