

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 10 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 841198

1. Corporation Name

THE MERCHANTS COMPANY

Principal Place of Business

~~P.O. Box 1351~~
HATTIESBURG MS 39401

Mailing Address

~~P.O. Box 1351~~
HATTIESBURG MS 39401



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.
~~P.O. Box 1351~~
City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
~~P.O. Box 1351~~
City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1978

5. FEI Number

64-0202800

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SUBER, D.B.	1100 EDWARDS STREET	HATTIESBURG MS 34901
VS	TATUM, ROBERT O.	315 MAIN STREET	HATTIESBURG MS 39401
TRE	MERCIER, ANDREW B	1100 EDWARDS STREET	HATTIESBURG MS
C	TATUM, F.M., JR.	315 MAIN STREET	HATTIESBURG MS
D	TATUM, JOHN M., JR.	315 MAIN STREET	HATTIESBURG MS 39401
D	TATUM, JOSEPH F.	AIRPORT ROAD	HATTIESBURG MS 39401

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name **700002346897-1**
Street Address (P.O. Box Number is Not Allowed) **-11/13/97-01094-007**
Suite, Apt. #, Etc. **750.00 ****750.00**
City **REINSTATEMENT '97**
State **FL** Zip Code **33011-1097**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11-1-97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for Information
on Intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/97 **601-584-4001**
Date Daytime Phone #

CR2E040 (8/97)