

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 22 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

409282

1. Corporation Name

STONER, CHUCK, DISTRIBUTORS, Inc.

2. Principal Office Address

80 Cobblestone Drive
Wedowee, AL 36278

Suite, Apt. #, etc.

City & State

WEDOWEE, ALABAMA 36278

Zip

36278

Country

RANDOLPH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

36278

Country

RANDOLPH

REINSTATEMENT 90-00

4. Date Incorporated or Qualified To Do Business in Florida TS 9/22/72

5. FEI Number

59-1413981

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

CHARLES C. STONER

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

80 COBBLESTONE DRIVE

Suite, Apt. #, Etc.

City

WEDOWEE, ALABAMA

State

FL

Zip Code

36278

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

Date 5/22/00

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
Pres.	CHARLES C. STONER	80 COBBLESTONE DRIVE	WEDOWEE, AL 36278
V. Pres	HELEN R. STONER	80 COBBLESTONE DRIVE	WEDOWEE, AL 36278
V. Pres	KATHLEEN J. MILANS	3017 LANDMARK BLVD.	PALM HARBOR, FL. 34684
Sec. Treas			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES C. STONER

Date

5/22/00

Daytime Phone #

256-357-2524