

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 19 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 113276

1. Corporation Name

JOHN S. RHODES INCORPORATED

2. Principal Office Address

635-4th Street North

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

Zip

33701

Country

3. Mailing Office Address

P.O. Box 249

Suite, Apt. #, etc.

City & State

Astor, Florida

Zip

32102

Country

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

02/15/1927

5. FEI Number

590420990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

2001-05-Rei

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

WILLIAM J. RHODES

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

24151 MAPLE

Suite, Apt. #, Etc.

City

ASTOR

State
FL

Zip Code
32102

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

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|-------------------------|
| P/D | William J. Rhodes | 24151 Maple | Astor, Florida 32102 |
| S/D | Carol A. Rhodes | 24151 Maple | Astor, Florida 32102 |
| D | Dorothy Diclemente | 2550 Big Ben Trail | Maitland, Florida 32751 |
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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: William J. Rhodes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-460-3177

Daytime Phone #