

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

DOCUMENT #

331799

1. Corporation Name

S. W. Anderson, Inc.
2926 Burnt Bridge Rd., 2926 Burnt Bridge Rd.

97 APR 24 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address
Picayune, Ms. 39466

REINSTATEMENT 96+97
mwr

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

#331799

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 |
|---------------|---|--|-------------------------|
| President | Judy Beth Groom | 2926 Burnt Bridge Rd. | Picayune, Ms. 39466 |
| Sec. | Raymond C. Groom | 2926 Burnt Bridge Rd. | Picayune, Ms. 39466 |
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****923.75 ****923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John F. Daniel

John F. Daniel
315 E. 4th St.
Panama City, Fl. 32401

Name

UCC Filing & Search Services, Inc.

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

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Sandra B. Groom
REGISTERED AGENT MUST SIGN

Date 4/24/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Judy Beth Groom President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97

Date

601-7986202

Daytime Phone #

CR20040 (12/96)