

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 380204

1. Corporation Name

PRODUCT COMPONENTS, INC.

Principal Place of Business

P.O. BOX 339
COSBY TN 37722

Mailing Address

P.O. BOX 339
COSBY TN 37722

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

2. New Principal Office Address, If Applicable

264-J McLaws Cir.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same AS #2
Suite, Apt. #, etc.

City & State

Williamsburg, VA
Zip 23185 Country US

City & State

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1971

5. FEI Number

59-1350334

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DS	CASON, PATRICIA	4164 OLD WEBB CREEK RD. 100 Pierre's Ct, Williamsburg, VA 23185	GATLINBURG TN 37738
PD	CASON, CLAUDE T., JR.	4164 OLD WEBB CREEK RD. 100 Pierre's Ct. Williamsburg VA 23185	GATLINBURG TN 37738

8. Name and Address of Current Registered Agent

SCHEMER, GERALD E
6273 DUPONT STATION CT.
JACKSONVILLE FL 32217-2567 - 2313

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 *Gerald E. Schemer*
REGISTERED AGENT MUST SIGN

Date DEC 15, 1997

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)(f), 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

12/9/97
Date

751-253-8194
Daytime Phone #

CR2E040 (8/97)