

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **483952**

1. Corporation Name

**STRIPE-RITE SOUTH, INC.**

Principal Place of Business

Mailing Address

1698 OLD TITUSVILLE RD  
 ENTERPRISE FL 32725  
 US

1698 OLD TITUSVILLE RD  
 ENTERPRISE FL 32725  
 US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/04/1975

5. FEI Number

59-1637988

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

99

FILED  
 99 DEC -9 AM 9:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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	4 City / State / Zip
PT	WILBY, TOM	1698 OLD TITUSVILLE RD	ENTERPRISE FL 32725
S	WILBY, JEANIE M.	1698 OLD TITUSVILLE RD	ENTERPRISE FL 32725
			200003078262--5 -12/22/99--01077--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILBY, TOM  
 1698 OLD TITUSVILLE RD  
 ENTERPRISE FL 32725

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

*Tom Wilby*

REGISTERED AGENT MUST SIGN

Date

Dec 5, 99

11. 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:

*Tom Wilby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec 5, 99

Daytime Phone #

407-466-2961 KE

CR2E040 (8/99)