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 #

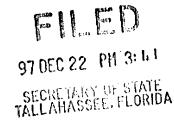
567340

1. Corporation Name

D. RANDLETT & SONS, INC.

Principal Place of Business

Mailing Address





10972 53 AVE N. ST PETERSBURG FL 33708			10972 53 AVE N. St Petersburg FL 33708						
II ahovo	nddroseas aro	Incorrect in any way, live the	www.ush.ingovvostii	information and o	nlar parrection below	REINS	STATEME	NT Q	
1f above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, if Applicable 3. New Ma				ling Office Address, If Applicable		Date Incorporated or Qualified			
Suite, Apt. #, etc. Suit				Sulte, Apt. #, etc.			r	03/30/1978 Applied For	
City & Stat	le .		City & State	City & State		59-1812963		Not Applicable	
Zip Countr		Country	Zip	Co	puntry	6. CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee required for a Certificate of Status		\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonprofit co	rporations must list at le	ast 3 directors)		,	
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City	// State / Zip	
P	RANDLETT, DAVID Y			10972 53RD AVE N			ST PETE FL 33708		
ST	RANDLETT, RUTH A			10972 53RD AVE N			ST PETE FL 33708		
						5	00002'38 -12/24/37 ****750.	327992 01094003 00 ****750.00	
							J.	2097	
							\'		
	8. Nan	ne and Address of Curren	Registered Age	ent		Name and Address of New Registered Agent			
RANDELTT, DAVID Y 10972 53 AVE N ST. PETERSBURG FL 33708					Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
10 I halo	a ennointed th	e registered agent of the ab	ove named core	pration am famili	ar with and accept the o	bligations of Soci		FL	
Signature Registered		Dand	REVISTERED AG	10/11	Bu	Dilganons of Sect	Date 12 7	5-97	
		ration owes or h Personal Prope			year Yes 🗹	No 🗌	(See other	er side for information intangible tax.)	

12. I certify that I am an officer or director or the receiver or trusted 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 eath.

anglett Ser - Buth RANDIEN 12-15-97
DORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone 4