

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 28 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



REINSTATEMENT 1999

DOCUMENT # 636815

1. Corporation Name

RMC EWELL, INC.

Principal Place of Business

801 MCCUE ROAD  
P.O. BOX 3858  
LAKELAND FL 33802

Mailing Address

801 MCCUE ROAD  
P.O. BOX 3858  
LAKELAND FL 33802

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

09/12/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1930203

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee imposed  
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
VGM P	LEONE, FRANCIS A JR	801 MCCUE RD	LAKELAND FL 33815
V	BOTHWELL, JAMES C	801 MCCUE RD	LAKELAND FL 33815
D D	<del>YOUNG, P L</del> Bruce, G.W.	<del>801 MCCUE RD.</del> 801 McCue Rd.	<del>LAKELAND FL</del> Lakeland, FL 33815
V	MACGREGOR, JOHN	801 MCCUE RD	LAKELAND, FL 33815
V	<del>WEST, PAUL A</del> Nicholas Matteo	801 MCCUE RD.	LAKELAND FL 33815
DP	DURANT, A	801 MCCUE RD	LAKELAND, FL 33815

8. Name and Address of Current Registered Agent

LEONE, FRANCIS A JR.  
801 MCCUE RD  
LAKELAND FL 33815

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
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

*[Handwritten signature of Francis A. Leone]*  
REGISTERED AGENT MUST SIGN

Date 10/25/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-99 (941) 688-5787