

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
with the
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 19 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 828343

1. Corporation Name

DEATON, INC.

Principal Place of Business

317 AVENUE, W. ENSLEY
P.O. BOX 938
BIRMINGHAM AL 35201

Mailing Address

317 AVENUE, W. ENSLEY
P.O. BOX 938
BIRMINGHAM AL 35201

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

07/20/1972

5. FEI Number

63-0573817

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	4. City / State / Zip
SPDT	LEE, MITCHELL M	317 AVENUE, W. ENSLEY	BIRMINGHAM AL
	CREWS, J L	317 AVENUE W. ENSLEY	BIRMINGHAM AL
	WHITE, W	317 AVENUE, W. ENSLEY	BIRMINGHAM AL 35201
PGO	MOODY, J BARRY	317 AVENUE WEST ENSLEY	BIRMINGHAM AL
PST	WALKER, THOMAS E JR	4980 SPRING ROCK RD	BIRMINGHAM AL
CD	Robert E Tate	806 US Highway 90 West	Crestview FL 32536

8. Name and Address of Current Registered Agent

US CORPORATION CO
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name Robert E. Tate

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

806 US Highway 90 West

Suite, Apt. #, Etc.

City Crestview

800003061780--7

-12/06/99--01095--019

****605510 Zip Code 32536

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

REGISTERED AGENT MUST SIGN

Date 10.20.99

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

10/15/99 205 761-3265
Date Daytime Phone #

KE