


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 13 PM 1:46

DOCUMENT # **840055**

1. Corporation Name

**JAMES M. VARDAMAN, & CO., INC.**

Principal Place of Business

Mailing Address

120 N CONGRESS ST  
SUITE 630  
JACKSON MS 39201

PO BOX 22766  
JACKSON MS 39225

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

02/17/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

64-0477539

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
C	VARDAMAN, JAMES M.	5346 FARNSWORTH	JACKSON MS
T	<del>EKBAUM, TOM</del> Parish, Janet	120 N CONGRESS	JACKSON MS 39213
VP	TETER, PAUL D	1703 GARY AVE.	ALBANY GA
			300003508173--5 -12/19/00--01079--023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, WILTON  
201 S. MONROE ST. STE-500  
TALLAHASSEE FL 32301

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

*James M. Vardaman*  
REGISTERED AGENT MUST SIGN

Date

12-08-2000

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: *Janet Parish*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-07-00  
Date

601-354-3123  
Daytime Phone #