

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB 24 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840533

1. Corporation Name

W.C. STUMBO COMPANY

Principal Place of Business

274 QUARRY STREET
P O BOX 368
MARION OH 43301-7368

Mailing Address

274 QUARRY STREET
P O BOX 368
MARION OH 43301-0368
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

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-0803720

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	MURRAY, DIXIE LEE	274 QUARRY ST.	MARION OH
SD CD SD V	MURRAY, JACK A.	274 QUARRY ST.	MARION OH
SD V	DEL TOSTO, JOSEPH J.	274 QUARRY ST.	MARION OH
T/D	Sayers, Denise	274 Quarry St.	Marion, OH 43302
P/D	Price, Donald	274 Quarry ST.	Marion, OH 43302

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name			
Street Address (P.O. Box Number is Not Acceptable)	000003161510-7		
Suite, Apt. #, Etc.	-03/08/00--01014--014		
City	State	Zip Code	
	FL		

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

SIGNATURE REQUIRED
PETER F. SOUZA
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

2/22/00

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 REQUIRED
Denise J. Sayers, Treas.

Denise J. Sayers, Treas.

Date

Daytime Phone #

2-21-00 740-383-2135

CR2E041 (8/99)