

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -2 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~8~~ 840533

1. Corporation Name

W. C. Stumbo Company

274 Quarry St.

P.O. Box 368

2. Principal Office Address

274 Quarry St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 368

Suite, Apt. #, etc.

City & State

Marion, OH

City & State

Marion, OH

Zip

43302

Country

USA

Zip

43301-0368

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 04/25/1978

5. FEI Number

31-0803720

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Diane Stout

Diane Stout, Asst. Secretary

Date

6-7-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/D	Jack A. Murray	274 Quarry St.	Marion, OH 43302
P/D	Donald R. Price	274 Quarry St.	Marion, OH 43302
S/D	Dixie L. Murray	274 Quarry St.	Marion, OH 43302
T/D	Denise J. Sayers	274 Quarry St.	Marion, OH 43302

10. 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:

Denise J. Sayers
Denise J. Sayers
Treas.

06/03/04

740-383-2135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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