

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000001383**

1. Corporation Name

**WHITMIRE SOLUTIONS, INC.**

Principal Place of Business

1305 HERMITAGE AVE.  
HUNTSVILLE AL 35801

Mailing Address

1305 HERMITAGE AVE.  
HUNTSVILLE AL 35801

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

03/20/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

63-1258218

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
P	WHITMIRE, JOHN B	1305 HERMITAGE AVE.	HUNTSVILLE AL 35801
S	WHITMIRE, KATHLEEN F	1305 HERMITAGE AVE.	HUNTSVILLE AL 35801

8. Name and Address of Current Registered Agent

FLOODY, PAUL L  
3100 FAIRWAYS DRIVE  
HOMESTEAD FL 33035

9. Name and Address of New Registered Agent

Name

Floody, Paul L

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

61 Mutiny Place

Suite, Apt. #, Etc.

City

Key Largo

State

FL

Zip Code

33037

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-4-03

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:

John B. Whitmire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/2003

Date

256 426 1472

Daytime Phone #

CR2E040 (7/03)