

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 10 AM 10:52

DOCUMENT # F04000006003

1. Corporation Name

R & J Sales of Texas, Inc.

400162701894
11/10/09--01033--012 **1058.75

2. Principal Office Address - No P.O. Box #

501 S. Wisteria Street

Suite, Apt. #, etc.

3. Mailing Office Address

501 S. Wisteria Street

Suite, Apt. #, etc.

City & State

Mansfield, Texas

City & State

Mansfield, Texas

Zip

76063

Country

USA

Zip

76063

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1989

5. FEI Number

75-2282726

☒ 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

George Cantonis

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

303 Oleander Road

Suite, Apt. #, Etc.

City

Belleair

State

FL

Zip Code

33756

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

George Cantonis
REGISTERED AGENT MUST SIGN

Date **11/09/2009**

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
P	Ronald E. Miller	501 S. Wisteria Street	Mansfield, TX 76063
S	Janet D. Miller	501 S. Wisteria Street	Mansfield, TX 76063
VP	James Dixon Fallis, III	501 S. Wisteria Street	Mansfield, TX 76063

REINSTATEMENT

B 11/13/09
07-69

10. E-mail Address: **jamief@prusa.com**

(To be used for future annual report notification)

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, I further certify, 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:

James Dixon Fallis, III

James Dixon Fallis, III

11/09/2009 469-446-4067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #