

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F21944**

1. Corporation Name

BLOUNT BROTHERS EQUIPMENT COMPANY

Principal Place of Business

2304 SHIPWRECK CIRCLE W
PO BOX 18309
JACKSONVILLE FL 32245

Mailing Address

P O BOX 18309
PO BOX 18309
JACKSONVILLE FL 32245-0309
US



REINSTATEMENT 96 ew

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

03/04/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2080972

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D.	BLOUNT, RICHARD	2304 SHIPWRECK CIR. W.	JACKSONVILLE, FL 00000
D	BLOUNT, DOROTHY C	111 E 54TH STREET	JACKSONVILLE, FL 00000
SD	THOMPSON, LINDA B	15 ELK COURT	MIDDLEBURG, FL 00000
			400002018434--3
			-12/03/96--01139--004
			***375.00 ***375.00

8. Name and Address of Current Registered Agent

BLOUNT, RICHARD W.
2304 SHIPWRECK CIRCLE W
JACKSONVILLE FL 32225

9. Name and Address of New Registered Agent

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

Richard W. Blount
SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Richard W. Blount
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/96
Date

904-647-1100
Daytime Phone #