

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 # *FR 7686*

1. Corporation Name

R.L. Cummins & Son Drywall, Inc.
W98-4955

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6280 Park Boulevard

Suite, Apt. #, etc.

City & State
Pinellas Park, Florida

Zip
33781

Country
United States

3. New Mailing Office Address, If Applicable

6280 Park Boulevard

Suite, Apt. #, etc.

City & State
Pinellas Park, Florida

Zip
33781

Country
United States

REINSTATEMENT *93-98 AD*

4. Date Incorporated or Qualified To Do Business in Florida

3/31/81

5. FEI Number

592084794

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<i>D.</i>	<i>Andrea Cummins</i>	<i>6280 Park Boulevard Pinellas Park, FL 33781</i>	<i>Pinellas Park, FL 33781</i>
			<i>000002461910--8</i>
			<i>-03/19/98--01006--003</i>
			<i>****1410.00 ****1410.00</i>
			<i>000002461910--8</i>
			<i>-03/19/98--01006--004</i>
			<i>*****98.88 *****98.00</i>
			<i>000002461910--8</i>
			<i>-03/19/98--01006--005</i>
			<i>*****8.75 *****8.75</i>

8. Name and Address of Current Registered Agent

N.A.

9. Name and Address of New Registered Agent

Name
Bruce G. KAUFMANN, J.D., P.A.
Street Address (P.O. Box Number is Not Acceptable)
11151 - 66th STREET, No. Suite #401
Suite, Apt. #, Etc.
#401
City
LARGO
State
FL
Zip Code
33773

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

Bruce Kaufmann JD.
REGISTERED AGENT MUST SIGN

Date

2/26/98

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:

Ronald L. Cummins

2-25-98

(813) 548-5191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)