

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 22 PM 3:22

DOCUMENT # F53317

1. Corporation Name
R. O. PRIEST, INC.

2. Principal Office Address
1030 S. Federal Hwy.

3. Mailing Office Address
same

Suite, Apt. #, etc.
Suite 116

Suite, Apt. #, etc.

City & State
Delray Beach, FL

City & State

Zip
33483

Country
USA

Zip
Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/9/81

5. FEI Number 59-2221012
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
R. O. PRIEST

Street Address (P.O. Box Number is Not Acceptable)
1030 South Federal Highway

Suite, Apt. #, Etc.
Suite 116

City
Delray Beach

State
FL

Zip Code
33483

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 X *R O Priest*

Date X 11/22/00

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
P/D/S	R. O. PRIEST	13487 Barwick Road	Delray Beach, FL 33445
VP/D	CAROL J. PRIEST	13487 Barwick Road	Delray Beach, FL 33445
T	CAROL JEAN PRIEST	10694 Denoeu Road	Boynton Beach, FL 33437

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: X *R O Priest*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11/22/00
Date

561/272-3636
Daytime Phone #

CR2E081 (9/99)