

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 26 PM 2:22

DOCUMENT # **F93000003627**

1. Corporation Name

**ROUNTREE MATERIALS, INC.**

Principal Place of Business

Mailing Address

1000 OLD CLYATTVILLE RD  
VALDOSTA GA 31601

1000 OLD CLYATTVILLE RD  
VALDOSTA GA 31601



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/10/1993

5. FEI Number

58-1929750

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 3	City / State / Zip 4
CP	ROUNTREE, BILL	6898 MILL BRIDGE RD	HAHIRA GA 31632
VCV	ROUNTREE, DANNY	6856 FRANKS CREEK RD.	HAHIRA GA
STD	ROUNTREE, STACY	2016 OAKDALE DR	VALDOSTA GA
D	ROUNTREE, INA H	6898 MILLER BRIDGE RD	HAHIRA GA 31632

700004677947--9  
-11/14/01--01014--019  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHNITKER, CLAY  
901 W. BASE ST  
MADISON FL 32340

Name  
**M. BLAIR PAYNE**  
Street Address (P.O. Box Number is Not Acceptable)  
**327 N. HERNANDO STREET**  
Suite, Apt. #, Etc.  
City  
**LAKE CITY**  
State  
**FL**  
Zip Code  
**32056**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10/24/01**

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:

**SIGNATURE: INAH ROUNTREE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-16-01**

Daytime Phone # **229-244-8504**

CR2E040 (8/01)