

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC -6 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F95000002087**

1. Corporation Name

RUMESLEY CORP.

Principal Place of Business

1950 NORTH PARK PLACE
SUITE 400
ATLANTA GA 30339

Mailing Address

1950 NORTH PARK PLACE
SUITE 400
ATLANTA GA 30339

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

REINSTATEMENT *9600*

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1995

5. FEI Number

13-2795797

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
CP	PILAO, MILTON	1950 NORTH PARK PLACE, SUITE 400	ATLANTA GA 30339
VCVT	PILAO, MARC ANTONIO S	1950 NORTH PARK PLACE, SUITE 400	ATLANTA GA 30339
VD	PILAO, MILTON JR	1950 NORTH PARK PLACE, SUITE 400	ATLANTA GA 30339
S	MORRIS, THORNTON W	1950 NORTH PARK PLACE, SUITE 400	ATLANTA GA 30339

200002025232--4
-12/10/96--01153--014
****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

PETER F. SOUZA

Date

11/15/96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

11/18/96 770 956-1000

Date

Daytime Phone #