

# F95000002087

## TRANSMITTAL LETTER

**TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS**

200001458652  
-04/18/95--01038--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**SUBJECT:** Rumesley Corp.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shannon M. Turner  
(Name of Person)

Morris Law Firm  
(Firm/Company)

1950 North Park Place, S. 400  
(Address)

Atlanta, Georgia 30339  
(City, State and Zip Code)

*W95-8360*

Should you need to call someone concerning this matter, please call:

Shannon M. Turner  
(Name of Person)

at ( 404 ) 956 - 1000  
Area Code & Daytime Telephone Number

*1/2 4/28*

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 28 PM 1:32



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

April 19, 1995

**SHANNON M. TURNER**  
**MORRIS LAW FIRM**  
**1950 NORTH PARK PLACE, SUITE 400**  
**ATLANTA, GA 30339**

**SUBJECT: RUMESLEY CORP.**  
**Ref. Number: W9500008360**

We have received your document for RUMESLEY CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include original signatures.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6092.

Hart Collins  
Senior Corporate Section Administrator

Letter Number: 795A00018298

*returned 4/24/95*

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. Rumesley Corp.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New York 3. 13-2795797  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 5, 1974 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 1950 North Park Place, S. 400  
Atlanta, Georgia 30339  
(Current mailing address)
8. Buying and selling equipment in the pulp and paper industry  
and all other activities allowed by law.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

**9. Name and street address of Florida registered agent:**

Name: CT Corporation System  
Office Address: 1200 S. Pine Island Rd  
Plantation, Fla., Florida, 33324  
(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

X

(Registered agent's signature)

John Masters, Asst. Secy.

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 28 PM 1:32

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Milton Pilao  
Address: 1950 North Park Place, S. 400  
Atlanta, Georgia 30339  
Vice Chairman: Marco Antonio S. Pilao  
Address: 1950 North Park Place, S. 400  
Atlanta, Georgia 30339  
Director: Milton Pilao, Jr.  
Address: 1950 North Park Place, S. 400  
Atlanta, Georgia 30339  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: Milton Pilao  
Address: 1950 North Park Place, S. 400  
Atlanta, Georgia 30339  
Vice President: Marco Antonio S. Pilao & Milton Pilao, Jr.  
Address: 1950 North Park Place, S. 400  
Atlanta, Georgia 30339  
Secretary: Thornton W. Morris  
Address: 1950 North Park Place, S. 400  
Atlanta, Georgia 30339  
Treasurer: Marco Antonio S. Pilao  
Address: 1950 North Park Place, S. 400  
Atlanta, Georgia 30339

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  see  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thornton W. Morris Secretary  
(Typed or printed name and capacity of person signing application)

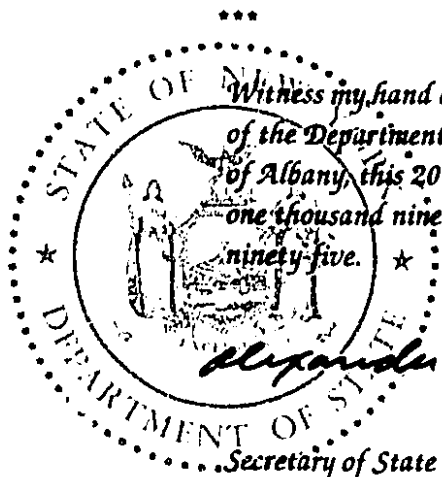
**State of New York** | **ss:**  
**Department of State**

I hereby certify, that the certificate of incorporation of RUMESLEY CORP. was filed on 09/06/1974, under the name of PILAO U.S.A. INC., with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment PILAO U.S.A. INC., changing name to RUMESLEY CORP., was filed 01/05/1994.

A Certificate of Amendment RUMESLEY CORP., changing name to RUMESLEY CORP., was filed 02/14/1994.

\*\*\*  
Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 20th day of March  
one thousand nine hundred and  
ninety-five.  
*Alexander F. Trenchard*  
Secretary of State



199503210046

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 28 PM 1:32

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

**1880 NORTH PARK PLACE  
SUITE 400  
ATLANTA GA 30330**

Mailing Address

**1880 NORTH PARK PLACE  
SUITE 400  
ATLANTA GA 30330**

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** *9600*

4. Date Incorporated or Qualified To Do Business in Florida

**04/28/1985**

5. FEI Number

**13-2795797**

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	PILAO, MILTON	1880 NORTH PARK PLACE, SUITE 400	ATLANTA GA 30330
VCYT	PILAO, MARC ANTONIO S	1880 NORTH PARK PLACE, SUITE 400	ATLANTA GA 30330
VD	PILAO, MILTON JR	1880 NORTH PARK PLACE, SUITE 400	ATLANTA GA 30330
S	MORRIS, THORNTON W	1880 NORTH PARK PLACE, SUITE 400	ATLANTA GA 30330
			<b>200002025232--4</b> <b>-12/10/96--01153--014</b> <b>****375.00 ****375.00</b>

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH BINE ISLAND ROAD  
PLANTATION FL 33324**

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

*[Signature]*  
**PETER F. SOUZA**  
REGISTERED AGENT MUST SIGN

Date

**11/15/96**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Secretary**

**11/18/96 770 956-1000**  
Date Daytime Phone #