

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
97-48AR  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

①

1998 APR -2 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006582

1. Corporation Name

THE STRIPE-ALL CORPORATION

Principal Place of Business

P.O. BOX 914  
RURAL HALL NC 27045

Mailing Address

P.O. BOX 914  
RURAL HALL NC 27045



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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

56-1700440

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	COOK, THOMAS G	ROUTE 1, BOX 334-H, SIZEMORE RD.	GERMANTOWN NC 900002481829--7 -04/07/98--01099--007 ****315.00 ****315.00 -U4/ y..... KSA 4/2/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COOK, SARAH G  
884 PONDEROSA  
S DAYTONA FL 32119

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

Sarah G Cook

Date

3-27-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

NOT APPLICABLE  
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:

Thomas G Cook  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-98 336-994-  
2525

CR20040 (8/97)

**STRIPE-ALL**



**THE STRIPE-ALL CORPORATION**

P.O. Box 914 • Rural Hall, NC 27045

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**PHONE: (910) 994-2505**

**FAX : (910) 994-2506**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

The Stripe-All Corporation did not receive any 1997 annual report or any other correspondence with the exception of a notice of administrative dissolution or revocation.

Please accept our payment of \$315.00 with the enclosed application for reinstatement.  
Your cooperation in this matter will be appreciated as contracts with the Florida Department of Transportation are pending.

Sincerely,

Thomas G. Cook  
President