

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F97000000059**

1. Corporation Name

R. L. SINGLETARY, INC.

Principal Place of Business

Mailing Address

19979 FRONT BEACH RD.
PANAMA CITY FL 32413

19979 FRONT BEACH RD.
PANAMA CITY FL 32413

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

Panama City Beach, FL

Panama City Beach, FL

Zip **32413**

Country **USA**

Zip **32413**

Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

01/03/1997

SP

5. FEI Number

35-1303436

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
DCP	SINGLETARY, RICHARD L	19979 FRONT BEACH RD.	PANAMA CITY FL BEACH 32413
DS	WELLS, RICHARD J	2250 W 86TH ST #200	INDIANAPOLIS IN 46260

300003441673--2
10/27/00-01017-017
******758.75 ****758.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SINGLETARY, RICHARD L
19979 FRONT BEACH ROAD
PANAMA CITY FL 32413

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City **Panama City Beach**

State **FL**

Zip Code **32413**

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 **10-13-00**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1300

Date

850-234-1788

Daytime Phone #

ext 2211

CR2ED40 (8/00)