

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000003655

1. Corporation Name

RUDY MCCORMICK PAINTING CO., INC.

Principal Place of Business

815 THOMAS ST
LITTLE ROCK AR 72202

Mailing Address

815 THOMAS ST
LITTLE ROCK AR 72202

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1998

5. FEI Number

71-0471770

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	MCCORMICK, RUDY	13518 COUNTY FARM RD	LITTLE ROCK AR 72212
VCV	CLARK, WAYNE	15404 HOLLY DR	ALEXANDER AR 72002
STD	WILSON, ZACK	1008 CACHE RIVER ST	NORTH LITTLE ROCK AR 72116

8. Name and Address of Current Registered Agent

THEUS, ROBERT T
219 NEWMAN ST
JACKSONVILLE FL 32202

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 OCT 28 PM 6:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



99 AR 18 00003035856--2
-11/05/99--01012--003
****400.00 ****400.00

07/20/99 90001 027 150.00

CR20240 (8/99)

McCormick

Painting Company

October 22, 1999

Florida Department of State
Divisions of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Contractors License

Document Number: F98000003655

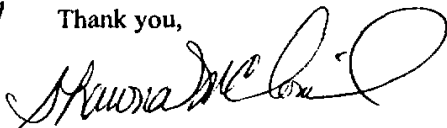
To Whom It May Concern:

Please be advised that there has been some confusion with our contractors license. My accountant fills out all paper work on our contractors license. We sent a check for \$150.00, check number 5128 that was cashed by your department. My understanding that this amount would renew our contractors license. I made a phone call to your department and I was told that the amount is \$550.00. I am forwarding these documents to you with additional check of \$400.00 for our renewal.

Please forgive me for the confusion. Thank you for immediate attention and cooperation into this matter.

If you need additional information, please contact me by phone at 501-374-5599 ext. 11.

Thank you,



Shawna McCormick