

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **H49424**

1. Corporation Name

RICHARD PARIS INDUSTRIES, INC.

FILED

00 NOV 13 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

117 CENTRE ST
FERNANDINA BCH FL 32034
US

Mailing Address

117 CENTRE ST
FERNANDINA BCH FL 32034
US

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

03/26/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0196613

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
GM	DONNELLY, CHRISTOPHER	117 CENTRE STREET	FERNANDINA BEACH FL 32034

400003493194--5

-12/11/00--01031--025

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BORLAND, MARK~~
~~117 CENTRE ST~~
~~FERNANDINA BCH FL 32034~~

(EXPIRED)

Name

DONNELLY CHRISTOPHER

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

117 CENTRE ST

Suite, Apt. #, Etc.

City

FERNANDINA

State

FL

Zip Code

32034

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

Christopher Donnelly **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10.17.00

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:

Christopher Donnelly **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.17.00

Date

(904) 261-6320
Daytime Phone #

CR2E040 (8/00)