

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 MAY 18 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J18989**

1. Corporation Name

E. SIZEMORE'S HARDWARE, INCORPORATED

2. Principal Office Address

129 COMMERCE ST.

Suite, Apt. #, etc.

3. Mailing Office Address

129 COMMERCE ST.

Suite, Apt. #, etc.

City & State

APALACHICOLA, FL

Zip

Country

32320

City & State

APALACHICOLA, FL

Zip

Country

32320

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1986

5. FEI Number

59-2681163

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SIZEMORE, ELLIS E.

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

129 COMMERCE ST.

Suite, Apt. #, Etc.

City

APALACHICOLA

State

FL

Zip Code

32320

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Ellis E. Sizemore

REGISTERED AGENT MUST SIGN

Date

5-18-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SIZEMORE, ELLIS E.	129 COMMERCE ST.	APALACHICOLA, FL 32320
ST	SIZEMORE, SYLVIA M.	129 COMMERCE ST.	APALACHICOLA, FL 32320

10. 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:

Sylvia M. Sizemore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-18-01

850-653-

8337
Daytime Phone #