

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # J86999

1. Corporation Name

STOREY SERVICES, INC

W99-14428

Principal Place of Business

Mailing Address

14200 E. Hwy40
 Silver Springs, Fl.
 34488

P.O. Box 638
 Silver Springs, Fl.
 34489

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

Zip

Country

Zip

Country

REINSTATEMENT 92-99

4. Date Incorporated or Qualified To Do Business in Florida

8/6/87

5. FEI Number

59-2842542

Applied

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	STOREY, JOE W	P.O. Box 638	Silver Springs, Fl 34489
VP/D	STOREY, DONALD J	9500 S.E. 180 Ave. Rd.	Ocklawaha, Fl. 32179
S/T/D	STOREY, KATHERINE H.	P.O. BOX 638	Silver Springs, Fl 34489
D	STOREY, THOMAS M.	9398 S.E. 180 Ave. Rd.	Ocklawaha, Fl. 32179

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 ***1808.75 ***1808.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Joe W. Storey
 17121 S.E. 66th St.
 Ocklawaha, Fl. 32179

Name

(SAME)

Joe W. Storey

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

17121 S.E. 66th St.

Suite, Apt. #, Etc.

City

Ocklawaha

State

FL

Zip Code

32179

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

Joe W. Storey

REGISTERED AGENT MUST SIGN

Date

7/9/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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)(j), 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.

Katherine H. Storey, Sec. TD.

SIGNATURE:

Katherine H. Storey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/9/99

Daytime Phone #

(952) 625-4630

CR2001 (12/95)