

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 NOV 10 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L71565

1. Corporation Name

Rush Spray Service, Inc

REINSTATEMENT 99-03

700024564017  
11/10/03--01059--014 \*\*1350.00

2. Principal Office Address

1507 27<sup>th</sup> ST. W.

Suite, Apt. #, etc.

City & State

BRADENTON, FLORIDA

Zip

34205

Country

USA

3. Mailing Office Address

1507 27<sup>th</sup> ST. W.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34205

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/7/1990

5. FEI Number

650255705

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

MELINDA BUSIERE

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

1507 27<sup>th</sup> STREET W.

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34205

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

Melinda Busiere

Date 11/7/03

REGISTERED AGENT MUST SIGN

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/D	JEFFREY B. BUSIERE	1507 27 <sup>th</sup> ST. W.	BRADENTON, FL 34205
D/V	MELINDA S. BUSIERE	1507 27 <sup>th</sup> ST. W.	BRADENTON, FL 34205
S/T	MELINDA S. BUSIERE	1507 27 <sup>th</sup> ST. W.	BRADENTON, FL 34205

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.

MELINDA BUSIERE

SIGNATURE:

Melinda Busiere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/03

Date

941-238-8517

Daytime Phone #

CR2E081 (10/02)