

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN -1 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N17139**

1. Corporation Name

REWIN ROAD MAINTENANCE, INC.

Principal Place of Business

C/O JAMES L. NIPPER
200 W. FORSYTH STREET SUITE ~~400~~
JACKSONVILLE FL 32202

Mailing Address

C/O JAMES L. NIPPER
200 W. FORSYTH STREET SUITE ~~400~~
JACKSONVILLE FL 32202

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.
SUITE C-6
City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
SUITE C-6
City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1986

5. FEI Number

NOT APPLICABLE

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PCD	NIPPER, JAMES L.	1818 THE WOODS DR.	JACKSONVILLE FL 32246
STD	NIPPER, CHERYL LYNN	1818 THE WOODS DR.	JACKSONVILLE FL 32246
D	DOUGHERTY, JAMES	1200 WINDY HILL DR.	BRANDON FL
D	SCHWEY, POLLY	1590 5TH AVENUE	VERO BEACH, FL 32960

REINSTATEMENT

9598
150
5/16/98

8. Name and Address of Current Registered Agent

NIPPER, JAMES L.
200 W. FORSYTH STREET, SUITE ~~400~~ C-6
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name **800002548878--6**
Street Address (P.O. Box Number is Not Acceptable) **-06/05/98--01068--002**
Suite, Apt. #, Etc. ******420.00 ****420.00**
City State Zip Code
FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **MAY 19, 1998**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]

MAY 19, 1998 (904) 354-7378